



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90241 016 ***163.75

DOCUMENT # P99000004881					
1. Entity Name AB&B ENTERPRISE, INC.					
Principal Place of Business 6641 BOUGANVILLE CIRCLE DRIVE ORLANDO, FL 32809 US			Mailing Address 6641 BOUGANVILLE CIRCLE DRIVE ORLANDO, FL 32809 US		
2. Principal Place of Business 2746 CEDAR KNOLL DR. Suite, Apt. #, etc.		3. Mailing Address 2746 CEDAR KNOLL DR. Suite, Apt. #, etc.			
City & State APOPKA, FL.		City & State APOPKA, FL.		4. FEI Number 59-3552488	
Zip 32712		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, NARINDER 6641 BOUGANVILLE CIRCLE DRIVE ORLANDO, FL 32809 2746 CEDAR KNOLL DR., APOPKA, FL 32712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Narinder Singh</u> <u>NARINDER SINGH PRESIDENT 01-11-06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SINGH, NARINDER		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6641 BOUGANVILLE CIRCLE DRIVE ORLANDO, FL 32809	2746 CEDAR KNOLL DR. APOPKA, FL 32712		CITY-ST-ZIP ORLANDO, FL 32809	STREET ADDRESS CITY-ST-ZIP	
TITLE VP	NAME SINGH, DALBIR		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6641 BOUGANVILLE CIRCLE DRIVE ORLANDO, FL 32809	2746 CEDAR KNOLL DR. APOPKA, FL 32712		CITY-ST-ZIP ORLANDO, FL 32809	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Narinder Singh</u> <u>NARINDER SINGH 01-11-06 407-886-7366</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					