


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90039 042 \*\*\*150.00

<b>DOCUMENT # P99000021418</b> 1. Entity Name <b>ABSTRACT STYL, INC.</b>					
Principal Place of Business <b>GIMNNI 7324 LAKE WORTH RD LAKE WORTH FL 33467</b>			Mailing Address <b>KIM COLLINS 6920 STONEY CREEK CIR LAKE WORTH FL 33467</b>		
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: cursive; font-size: 1.2em;">GIANNI</div>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0906486</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>COLLINS, KIM C 2200 SPRINGDALE BLVD #114 PALM SPRINGS FL 33461</b>			<b>7. Name and Address of New Registered Agent</b> <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City <span style="float: right;"><b>FL</b></span> Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLLINS, KIM C 6920 STONEY CREEK CIRCLE LAKE WORTH FL 33467 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COLLINS, JILL 6889 ATHENA DRIVE LAKE WORTH FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">1-29-06 561 964 9881</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					