## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # P99000061420** 1. Entity Name ABINKO DIGITAL STUDIO, INC. Principal Place of Business Mailing Address 4641 N DIXIE HWY 4641 N DIXIE HWY BOCA RATON, FL 33431 BOCA RATON, FL 33431 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0934697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, ROBERT R DO NOT WRITE 4641 N. DIXIE HWY BOCA RATON, FL 33431 IN THIS SPACE 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. PRES. N. GX SIGNATURE d agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **DPTS** TITLE KENNEDY, ROBERT R NAME STREET ADDRESS 4641 N DIXIE HWY CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE nne NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 type 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 emptywered 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 another like empowered.

SIGNATURE:

NAME STREET ADDRESS CATY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR