

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085952

FILED
Mar 06, 2006
Secretary of State

Entity Name: ABS OF FLORIDA STATE CORP.

Current Principal Place of Business:

2889 10TH AVE. N.
SUITE 302
LAKE WORTH, FL 33461

New Principal Place of Business:

12677 HEADWATER CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

P.O. BOX 210291
WEST PALM BEACH, FL 33421

New Mailing Address:

P.O. BOX 213501
ROYAL PALM BEACH, FL 33421

FEI Number: 65-0951616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRAZPOUR, BEHZAD
2889 10TH AVE. N.
SUITE 302
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

SHIRAZPOUR, BEHZAD
12677 HEADWATER CIRCLE
WELLINGTON, FL 33414 US

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.

SIGNATURE:

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SHIRAZPOUR, BEHZAD
Address: 2889 10TH AVE. N. STE 302
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: SHIRAZPOUR, BEHZAD
Address: 2889 10TH AVE. N. STE 302
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SHIRAZPOUR, BEHZAD
Address: 12677 HEADWATER CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: SHIRAZPOUR, BEHZAD
Address: 12677 HEADWATER CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEHZAD SHIRAZPOUR

PVST

03/06/2006

Electronic Signature of Signing Officer or Director

Date