


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 014 ***550.00

DOCUMENT # S85205 1. Entity Name READ ABBOTT ENTERPRISES, INCORPORATED	
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Principal Place of Business 222 HICKMAN DRIVE, SUITE 100 SANFORD, FL 32771	Mailing Address 222 HICKMAN DRIVE, SUITE 100 SANFORD, FL 32771
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*823 E. 26th Ave
NEW SMYRNA BCH, FL 32169, US*



05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3089391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELENOR, RAE
 823 E 26TH AVE
 NEW SMYRNA BCH, FL 32169

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ELENOR, RAE 823 E. 26 AVE NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELENOR, JOAN 823 E. 26 AVE NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **5/19/08** **4074021782**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #