

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # V31088 <small>1. Entity Name</small> AUTOMATIC BUSINESS PRODUCTS COMPANY, INC.		
<small>Principal Place of Business</small> 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168	<small>Mailing Address</small> 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE		<small>01182006 No Chg-P CR2E034 (11/05)</small>
6. Name and Address of Current Registered Agent		4. FEI Number 06-0846942
FOOTE, R.W. 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168		<small>Applied For</small> <small>Not Applicable</small>
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
<small>TITLE</small>	D	U00000410867 02/09/06-80053-017 150.00
<small>NAME</small>	FOOTE, RICHARD W.	
<small>STREET ADDRESS</small>	1531 AIRWAY CIRCLE	
<small>CITY - ST - ZIP</small>	NEW SMYRNA BEACH, FL	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
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<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
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: <i>RW Foote</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-26-06 <small>Date</small>
		386-467-4687 <small>Daytime Phone #</small>