2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 11, 2008 08:00 AN Secretary of State **DOCUMENT # P92000003272** 1. Entity Name A B SYSTEMS, INC. Principal Place of Business Mailing Address C/O ROBERT MARQUETTE. II C/O ROBERT MARQUETTE, II 6509 BIMINI COURT **6509 BIMINI COURT** APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3148433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARQUETTE, ROBERT E II DO NOT WRITE 6509 BIMINI COURT APOLLO BEACH, FL 33572 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FÉE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS nile NAME MARQUETTE, ROBERT E II STREET ADORESS 6509 BIMINI COURT CITY-ST-ZIP APOLLO BEACH, FL 33572 U00000780477 01714208-80024-007 150 00 TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 12. Thereby certify that the information supplied with this filling 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

FILED