


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90077 015 ****61.25

DOCUMENT # N95000005910

1. Entity Name
 ABILITIES AT WINDJAMMER, INC.




Principal Place of Business
 2735 WHITNEY ROAD
 CLEARWATER, FL 33760 US

Mailing Address
 2735 WHITNEY ROAD
 CLEARWATER, FL 33760 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3352353

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GENE
 2735 WHITNEY ROAD
 CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDONATO, WILLIAM JR			NAME			
STREET ADDRESS	2735 WHITNEY RD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISLE, LORI			NAME			
STREET ADDRESS	5300 10TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	CSTD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEVILEE, MIKE			NAME	<i>S/T Pat Driscoll</i>		
STREET ADDRESS	2735 WHITNEY RD			STREET ADDRESS	<i>2735 Whitney Road</i>		
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP	<i>Clearwater, FL 33760</i>		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLENKE, GUY			NAME			
STREET ADDRESS	2735 WHITNEY RD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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: *Lori Kreisle* *3-2-06* *727/538-7370*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #