


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-13-2006 90068 041 \*\*\*\*70.00

<b>DOCUMENT # 700121</b> 1. Entity Name ABILITIES, INC. OF FLORIDA	
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Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US
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4004000



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03012006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 59-0874493	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARDINSKI, BRUCE D	
STREET ADDRESS	6295 EDSULL ROAD STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	VC	<input type="checkbox"/> Delete
NAME	EARNER, WILLIAM JR.	
STREET ADDRESS	6295 EDSULL ROAD STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	C	<input type="checkbox"/> Delete
NAME	GENTRY, LINDA	
STREET ADDRESS	6295 EDSULL ROAD STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, TOM	
STREET ADDRESS	6295 EDSULL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENDALL, JAMIE	
STREET ADDRESS	6295 EDSULL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOROTA JR, JOSEPH J	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Stromberg	
STREET ADDRESS	6295 Edsall road STE 175	
CITY-ST-ZIP	Alexandria, VA 22312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah Kwon	
STREET ADDRESS	6295 Edsall Road, STE 175	
CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Newstrom	
STREET ADDRESS	6295 Edsall Road, STE 175	
CITY-ST-ZIP	Alexandria, VA 22312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**  **Joseph J. Sorota** **3-2-06** **727-538-7370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40029334

PAGE 2

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ABILITIES, INC. OF FLORIDA

## 11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYHER DAWSON 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAN BOOKER 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE MURRAY 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYNN BERSOFF 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH SHRADER 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN TOTH 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition