

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 010 ****70.00



DOCUMENT # 700121

1. Entity Name
ABILITIES, INC. OF FLORIDA

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

Mailing Address
**2735 WHITNEY ROAD
CLEARWATER, FL 33760 US**

40033667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0874493

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, GENE
2735 WHITNEY ROAD
CLEARWATER, FL 33760**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **D** Delete
NAME **STROMBERG, JEAN**
STREET ADDRESS **6295 EDSULL ROAD STE 175**
CITY-ST-ZIP **ALEXANDRIA, VA 22312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** Delete
NAME **EARNER, WILLIAM JR.**
STREET ADDRESS **6295 EDSULL ROAD STE 175**
CITY-ST-ZIP **ALEXANDRIA, VA 22312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** Delete
NAME **GENTRY, LINDA**
STREET ADDRESS **6295 EDSALL RD., STE 175**
CITY-ST-ZIP **ALEXANDRIA, VA 22312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **KWON, SARAH**
STREET ADDRESS **6295 ESDALL RD., STE 175**
CITY-ST-ZIP **ALEXANDRIA, VA 22312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **NEWSTROM, GEORGE**
STREET ADDRESS **6295 EDSALL RD., STE. 175**
CITY-ST-ZIP **ALEXANDRIA, VA 22312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **SOROTA JR, JOSEPH J**
STREET ADDRESS **2735 WHITNEY ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE Change 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 Jr.

Joseph J. SOROTA Jr, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/07
Date

727-796-1557
Daytime Phone #

ATTACHMENT

40033667

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 700121
ABILITIES, INC. OF FLORIDA

11. ADDITIONS TO OFFICERS AND DIRECTOR

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