

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700121

FILED
Mar 23, 2009
Secretary of State

Entity Name: ABILITIES, INC. OF FLORIDA

Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-0874493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, GENE
2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: EARNER,, WILLIAM
Address: 6295 EDSALL ROAD STE 175
City-St-Zip: ALEXANDRIA, VA 22312

Title: VC () Delete
Name: SOROTA, JOSEPH JR.
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33670

Title: T () Delete
Name: SHRADER, RALPH
Address: 6295 EDSALL RD., STE 175
City-St-Zip: ALEXANDRIA, VA 22312

Title: D () Delete
Name: BERSOFF, MARILYNN
Address: 6295 ESDALL RD., STE 175
City-St-Zip: ALEXANDRIA, VA 22312

Title: D () Delete
Name: BOOKER, JULIAN
Address: 6295 EDSALL RD., STE. 175
City-St-Zip: ALEXANDRIA, VA 22312

Title: D () Delete
Name: DAWSON, WEHYER
Address: 6295 EDSALL RD STE 175
City-St-Zip: ALEXANDRIA, VA 22312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: SOROTA, JOSEPH
Address: 29750 US HWY 19N #200
City-St-Zip: CLEARWATER, FL 33761

Title: VC (X) Change () Addition
Name: MURRAY, DIANE
Address: 10623 RIVERS BEND LANE
City-St-Zip: POTOMAC, MD 20854

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SOROTA

CD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date