

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001024

**FILED**  
**Oct 30, 2006**  
**Secretary of State**

**Entity Name:** ABILITY SERVICES NETWORK, INC.

**Current Principal Place of Business:**

3117 MAIN ST, STE A  
DULUTH, GA 30096

**New Principal Place of Business:**

2905 PREMIERE PARKWAY  
SUITE 375  
DULUTH, GA 30097

**Current Mailing Address:**

3117 MAIN ST, STE A  
DULUTH, GA 30096

**New Mailing Address:**

2905 PREMIERE PARKWAY  
SUITE 375  
DULUTH, GA 30097

**FEI Number:** 58-2556457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 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: EDDY SALDANA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: WHOBREY, GENE  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete  
Name: WHOBREY, GENE  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

Title: VPST ( ) Delete  
Name: MARTINI, SUSANNE  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

Title: VP ( ) Delete  
Name: TODD, BRIAN  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

Title: VPS ( ) Delete  
Name: LITTLE, HAROLD  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete  
Name: MARTINI, SUSANNE  
Address: 3117 MAIN ST, STE A  
City-St-Zip: DULUTH, GA 30096

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY GEORGE

ASST

10/30/2006

Electronic Signature of Signing Officer or Director

Date