2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006464

FILED Apr 24, 2006 Secretary of State

Entity Na	me: ABELL E	LEVATOR INTERNATIONAL, I	NC.		
Current Principal Place of Business:			New Principal Place of Business:		
	AN STREET LE, KY 40204				
Current Mailing Address:			New Mailing Address:		
	AN STREET LE, KY 40204				
FEI Number: 61-0909414 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:
6620 SOU SUITE 200	JEFFREY R ITHPOINT DR) IVILLE, FL 322				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO (LLOYD, KENT 1256 LOGAN S LOUISVILLE, K	TREET	Title: Name: Address: City-St-Zip:	PRES () LLOYD, KENT 1256 LOGAN : LOUISVILLE, I	STREET
Title: Name: Address: City-St-Zip:	PRES (AUSTIN, TOM 1256 LOGAN S LOUISVILLE, K		Title: Name: Address: City-St-Zip:	CFO () SAETTEL, LEI 1256 LOGAN LOUISVILLE, I	STREET
Title: Name: Address: City-St-Zip:	SEC (RAYMER, JANI 1256 LOGAN S LOUISVILLE, K	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CFO (X SAETTEL, LEE 1256 LOGAN S LOUISVILLE, K	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VP (X SANDERS, RH 1256 LOGAN S		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: LEE SAETTEL **CFO** 04/24/2006

City-St-Zip: LOUISVILLE, KY 40204