

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63041

Entity Name: ABLE FINANCE INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

2431 WESTWOOD DR.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2431 WESTWOOD DR.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2342159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGAN, NORMAN
2431 WESTWOOD DR.
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAGAN, JANICE
Address: 2431 WESTWOOD DRIVE
City-St-Zip: LONGWOOD, FL

Title: P () Delete
Name: KAGAN, NORMAN
Address: 2431 WESTWOOD DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORMAN KAGAN

P

01/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date