2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033415

Entity Name: ABLEHAND SERVICES INCORPORATED

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601 SE 21 LANE CAPE CORAL, FL 33990 **Current Mailing Address: New Mailing Address:** 601 SE 21 LANE CAPE CORAL, FL 33990 FEI Number: 59-3711441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMARGO, LUPE (ELSA) 601 SE 21 LANE CAPE CORAL, FL 33990 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVC () Delete Title: () Change () Addition CAMARGO, LUPE M Name: Name: 601 SE 21 LANE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: STDM Title: () Delete () Change () Addition Name: CAMARGO, GEORGE A Name: Address: Address: 601 SE 21 LANE CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GRAHAM, NEIL Name: Name: 429 SW 43 STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition BROCHES, LUIS A Name: Name: Address: 601 SE 21 LANE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MAGAS, DINO Name: 1491 COVINGTON CIRCLE WEST Address: Address:

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 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: GEORGE A CAMARGO STDM 04/25/2007

City-St-Zip:

FORT MYERS, FL 33990 US