2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # P02000031258 ABILITIES REHAB SERVICES, INC. Principal Place of Business Mailing Address **4712 GRAPEVINE WAY 4712 GRAPEVINE WAY** DAVIE, FL 33337 DAVIE, FL 33331 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0405482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COCCHIARO-GUALTIERI, VANIA DO NOT WRITE **4712 GRAPEVINE WAY DAVIE, FL 33331** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D₽ TITLE COCCHIARO-GUALTIERI, VANIA NAME **4712 GRAPEVINE WAY** STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. with all other like empowered.

SIGNATURE: X

CHTY-ST-ZIP