


FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90414 002 ***150.00


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000031258 1. Entity Name ABILITIES REHAB SERVICES, INC.	
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Principal Place of Business 4712 GRAPEVINE WAY DAVIE, FL 33331	Mailing Address 4712 GRAPEVINE WAY DAVIE, FL 33331
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DO NOT WRITE IN THIS SPACE

66013539



01022007 No Chg-P CRZE034 (11/05)

4. FEI Number 03-0405482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COCCHIARO-GUALTIERI, VANIA 4712 GRAPEVINE WAY DAVIE, FL 33331	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	COCCHIARO-GUALTIERI, VANIA	4712 GRAPEVINE WAY	DAVIE, FL 33331

DO NOT WRITE
 IN THIS SPACE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *J. Cochiaro* Date: 5/10/07 Daytona Phone #: 954-483-8456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR