


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 01, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P02000119302  
1. Entity Name  
ABEL COMMUNICATIONS INC.



Principal Place of Business      Mailing Address  
P.O. BOX 146                              P.O. BOX 146  
WINTER PARK, FL 32790              WINTER PARK, FL 32790

**DO NOT WRITE IN THIS SPACE**



01162007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-3416858      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAGLIANO, ANDREA B  
1800 KILLARNEY DR.  
WINTER PARK, FL 32789

**DO NOT WRITE  
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: Andrea B. Gagliano      DATE: 1-27-07

Signature, typed or printed name of registered agent as title of applicant      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAGLIANO, ANDREA B P.O. BOX 146 WINTER PARK, FL 32790
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02/06/07-80071-024 150.00

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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 like empowered

SIGNATURE: Andrea B. Gagliano      Date: 1-27-07      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #