


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 016 ***150.00

DOCUMENT # P02000125292	
1. Entity Name ABLE LOCKS INC.	

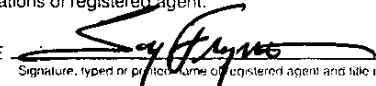
Principal Place of Business 2101 PUMPKIN PL NE PALM BAY FL 32905	Mailing Address P.O. BOX 0306 PALM BAY FL 32906
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2. Principal Place of Business 2101 PUMPKIN PL NE Suite, Apt. #, etc.	3. Mailing Address 2101 PUMPKIN PL NE Suite, Apt. #, etc.
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City & State PALM BAY FL	City & State PALM BAY FL
Zip 32905	Zip 32905
Country BREVARD	Country BREVARD

6. Name and Address of Current Registered Agent FRYMAN, SY 2101 PUMPKIN PL NE. PALM BAY FL 32905	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **DATE** 2-28-06
(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRYMAN, CAROLE		NAME	
STREET ADDRESS 2101 PUMPKIN PLACE		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32905		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRYMAN, SY		NAME	
STREET ADDRESS 2101 PUMPKIN PL		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32905		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  VP **SY FRYMAN** 2-28-06 3217259499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #