2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015489

Entity Name: ABILITIES SUPPORT PROVIDER, INC.

FILED Apr 30, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
13931 SW APT. 207					
MIAMI, FL	33186 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 7 MIAMI, FL					
FEI Number	: 59-3767875	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TYNES, JA 13931 SW APT. 207 MIAMI, FL					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TYNES, JANET 13931 SW 122 MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: JANET TYNES P 04/30/2005