


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 010 ***150.00

DOCUMENT # P03000030796	
1. Entity Name ABLE COMMERCIAL SERVICES, INC.	

Principal Place of Business 924 W. S.R. 436, SUITE 1300 ALTAMONTE SPRINGS, FL 32714	Mailing Address 924 W. S.R. 436, SUITE 1300 ALTAMONTE SPRINGS, FL 32714
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94083841



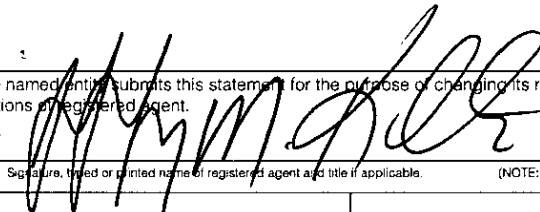
2. Principal Place of Business 1715 West Oakridge Road Suite, Apt. #, etc.	3. Mailing Address 1715 West Oakridge Road Suite, Apt. #, etc.
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04292004 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 35-2200034	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 924 W. S.R. 436, SUITE 1300 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Koltun, Jeffrey M. Street Address (P.O. Box Number is Not Acceptable) 557 North Wymore Road Suite 100 City Maitland FL Zip Code 32751	
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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.

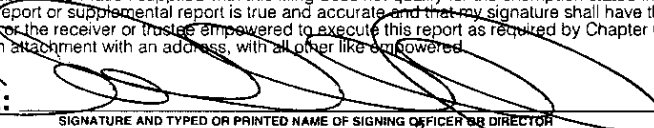
SIGNATURE  DATE **4/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, CLINTON E <input checked="" type="checkbox"/> Delete 924 W. S.R. 436, SUITE 1300 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Noel, Keith William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1715 West Oakridge Road Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOEL, CHRISTOPHER A <input checked="" type="checkbox"/> Delete 924 W. S.R. 436, SUITE 1300 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Keith W. Noel, President 407-240-2274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR