## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 11, 2006 08:00 AN Secretary of State **DOCUMENT # P03000055528** 1. Entity Name ABILITY ENTERTAINMENT, INC. Principal Place of Business Mailing Address 1980 BYRAM DRIVE 1980 BYRAM DRIVE CLEARWATER, FL 33755 CLEARWATER, FL 33755 05052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0693117 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired П 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22 ST 4 FLR MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (SEE ATTACHED FILE NOW!!! FEE 13 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS DPST TITLE HENRY, RANDALL WADE NAME STREET ADDRESS 1980 BYROM DR CITY-ST-ZIP CLEARWATER, FL 33755 U00000584545 05/20/06-80075-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 accuracy with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR

Daytime Phone /