

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000095120

Entity Name: ABILITY PLUS, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4630 SOUTH KIRKMAN ROAD  
SUITE 361  
ORLANDO, FL 32811 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

4630 SOUTH KIRKMAN ROAD  
SUITE 361  
ORLANDO, FL 32811

## **New Mailing Address:**

FEI Number: 01-0798177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PRESSEY, CAROL B  
4630 SOUTH KIRKMAN ROAD  
SUITE 361  
ORLANDO, FL 32811 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: PRESSEY, CAROL B CHAIRMN  
Address: 4630 SOUTH KIRKMAN ROAD, STE. 361  
City-St-Zip: ORLANDO, FL 32811 US

Title: MR.  
Name: PRESSEY, ROY R CEO  
Address: 4630 SOUTH KIRKMAN ROAD, STE. 361  
City-St-Zip: ORLANDO, FL 32811 US

I hereby 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 all other like empowered.

SIGNATURE: ROY PRESSEY

CEO

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date