

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054613

FILED
Sep 25, 2008
Secretary of State

Entity Name: ABILITY CONTRACTORS INC.

Current Principal Place of Business:

1441 SW 12TH AVE
C
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

111 BRINY AVE
SUITE 2204
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2698537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAVIA, CARMEN R
111 BRINY AVE
SUITE 2204
POMPANO BEACH, FL 33062 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BELLAVIA, CARMEN R
Address: 1441 SW 12TH AVE, SUITE C
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: V P () Delete
Name: STARESINIC, JAMES R
Address: 906 DALE AVE
City-St-Zip: BRADFORDWOODS, PA 15015 US

Title: SEC () Delete
Name: BELLAVIA, CARMEN R
Address: 1441 SW 12TH AVE, SUITE C
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: V P () Delete
Name: MARTINEZ, KENNETH
Address: 2090 W PRESERVE WAY #208
City-St-Zip: MIRAMAR, FL 33025 US

Title: TRES () Delete
Name: BELLAVIA, CARMEN D
Address: 3800 ROSEBRIAR DR.
City-St-Zip: GLENSHAW, PA 15116 US

Title: PRES () Delete
Name: LOUIS, MASSAGLIA B
Address: 118 TROLLEY CT
City-St-Zip: PITTSBURGH, PA 15237 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRY BROOKS

V P

09/25/2008

Electronic Signature of Signing Officer or Director

Date