

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071183

Entity Name: ASSURE ABILITY, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

1351 NE MIAMI GARDENS DRIVE
SUITE 1616E
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1351 NE MIAMI GARDENS DRIVE
SUITE 1616E
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 20-3107226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTLECHKOV, ALEXANDER
1351 NE MIAMI GARDENS DRIVE
SUITE 1616E
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHAEL, HANUSCHAK S
Address: 3120 JASMINE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP () Delete
Name: KOTLECHKOV, ALEXANDER
Address: 1351 NE MIAMI GARDENS DRIVE STE.1616E
City-St-Zip: MIAMI, FL 331791 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ALEXANDER KOTLECKOV

VP

04/10/2007

Electronic Signature of Signing Officer or Director

Date