2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P06000034978

Entity Name: ABILITY MEDICAL SUPPLY, INC.

Current Principal Place of Business:

4654 N. HIATUS ROAD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4654 N. HIATUS ROAD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 20-4464277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, GINA
8000 FAIRWAY TRAIL
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

STRALEY, STEVE
2699 STERLING RD.
C 207
FT LAUDERDALE, FL 33312 US

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: STEVE STRALEY 06/23/2009
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: D ( ) Delete
Name: ALLEN, GINA
Address: 8000 FAIRWAY TRAIL
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete
Name: CHIATTO, JESSICA L
Address: 3711 N.E. 15TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CHIATTO, JESSICA L
Address: 2814 NE 34 COUORT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: GINA ALLEN PRES 06/23/2009
Electronic Signature of Signing Officer or Director Date