

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152489

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: DISCOVERING ABILITIES INC.

**Current Principal Place of Business:**

32801 HWY 441 N.  
#26  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

32801 HWY 441 N.  
#26  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 20-8332467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRACCHIOLA, MICHELE  
32801 HWY 441 N.  
#26  
OKEECHOBEE, FL 34972 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: P      ( ) Delete  
Name: CRACCHIOLA, MICHELE  
Address: 32801 HWY. 441 N. #26  
City-St-Zip: OKEECHOBEE, FL 34972

Title: P      (X) Delete  
Name: CARR, CATHERINE N  
Address: 1061 SW GARDENS BLVD.  
City-St-Zip: PALM CITY, FL 34990

**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 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: MICHELE CRACCHIOLA

P

09/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date