



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000005604		
1. Entity Name A-1 ABLE ROOTER, INC.		
Principal Place of Business 5501 SW 196 LANE SOUTHWEST RANCHES, FL 33332	Mailing Address 5722 S. FLAMINGO ROAD #270 FORT LAUDERDALE, FL 33330	 01202006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0379185		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent ZERO, MICHAEL 5501 SW 196 LANE SOUTHWEST RANCHES, FL 33332		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 03/22/06 00051-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZERO, MICHAEL 5501 S.W. 196 LANE SOUTHWEST RANCHES, FL 33332	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Deirdre Zero <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-19-06 954 680-8831 <small>Date Daytime Phone #</small>