2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P94000028443

Entity Name: ABLE PROPERTY INVESTMENTS, INC.

Current Principal Place of Business:

6348 COTTONWOOD LANE
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3367
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 59-3270903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBONS, GARY A ESQ
3321 HENDERSON BLVD
TAMPA, FL 33609 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: PD ( ) Delete
Name: MESSMAN, MICHAEL
Address: 6348 COTTONWOOD LANE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: VPD ( ) Delete
Name: MESSMAN, LYNDA R
Address: 6348 COTTONWOOD LANE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: S ( ) Delete
Name: MCMORRIS, MELISSA
Address: 4961 10TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T ( ) Delete
Name: MESSMAN, STUART
Address: 504 OLE PLANTATION
City-St-Zip: BRANDON, FL 33511

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
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: LYNDA R MESSMAN VPD 04/28/2008

Electronic Signature of Signing Officer or Director Date