2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081656

Entity Name: ABLEAUCTIONS.COM, INC.

3771 WEST 15TH AVE

VANCOUVER, BC V6R 2Z7 CA

Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
1963 LOUGHEED HIGHWAY COQUITLAM BRITISH COLUMBIA CANADA V3K 3T8, XX			1963 LOUGHEED HIGHWAY COQUITLAM, BC V3K 3T8 CA		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1963 LOUGHEED HIGHWAY COQUITLAM BRITISH COLUMBIA CANADA V3K 3T8, XX			1963 LOUGHEED HIGHWAY COQUITLAM, BC V3K 3T8 CA		
FEI Number	: 59-3404233	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
103 N. ME	L CORPORAT RIDIAN STRE SSEE, FL 323				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Election Co.		nic Signature of Registered Ag	ent	Date	
		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LADHA, ABDÙ 1963 LOUGHE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SLEEMAN, BA #16-1728 EDV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOYLING, MIC	OOK CRESCENT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (VOGT, DAVID) Delete DR.	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: ABDUL LADHA/LS P 04/28/2005