2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025436

Entity Name: ABLE BODY SKILLED LABOR, INC.

FILED Feb 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
30750 U.S. 19 NORTH PALM HARBOR, FL 34684	3040 GULF TO BAY BLVD. CLEARWATER, FL 33759
Current Mailing Address:	New Mailing Address:
30750 U.S. 19 NORTH PALM HARBOR, FL 34684	3040 GULF TO BAY BLVD. CLEARWATER, FL 33759
FEI Number: 59-3540962 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
LAMONT, DAVID A 30750 U.S. 19 NORTH PALM HARBOR, FL 34684 US	LAMONT, DAVID A 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759 US
The above named entity submits this statement for thin the State of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATURE:	02/03/2006
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: MONGELLUZZI, FRANK M Address: POST OFFICE BOX 4699 City-St-Zip: CLEARWATER, FL 337584699	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK MONGELLUZZI D 02/03/2006