2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000097004

1. Entity Name
ABILITY (USA), INC.

Principal Place of Business	Mailing Address
9820 SW 2ND STREET PEMBROKE PINES, FL 33025	9820 SW 2ND STREET PEMBROKE PINES, FL 33025

(P99000097004P)

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960650
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LING, XIAO C
9820 SW 2ND STREET
PEMBROKE PINES, FL 33025

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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: Xiao C Ling 4-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000544627
05/11/06-80043-008 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	LING, XIAO C
STREET ADDRESS	9820 SW 2ND STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VSD
NAME	LING, SU LIN
STREET ADDRESS	9820 SW 2ND STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Xiao C Ling 4-25-06 (954) 436-4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #