


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90068 041 \*\*\*\*70.00

<b>DOCUMENT # 700121</b> 1. Entity Name ABILITIES, INC. OF FLORIDA	
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Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US
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4004000



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03012006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 59-0874493	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

THOMAS, GENE  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDINSKI, BRUCE D 6295 EDSULL ROAD STE 175 ALEXANDRIA, VA 22312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC EARNER, WILLIAM JR. 6295 EDSULL ROAD STE 175 ALEXANDRIA, VA 22312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GENTRY, LINDA 6295 EDSULL ROAD STE 175 ALEXANDRIA, VA 22312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, TOM 6295 EDSULL ROAD, STE 175 ALEXANDRIA, VA 22312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, JAMIE 6295 EDSULL ROAD, STE 175 ALEXANDRIA, VA 22312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOROTA JR, JOSEPH J 2735 WHITNEY ROAD CLEARWATER, FL 33760 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean Stromberg 6295 Edsall road STE 175 Alexandria, VA 22312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sarah Kwon 6295 Edsall Road, STE 175 Alexandria, VA 22312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Newstrom 6295 Edsall Road, STE 175 Alexandria, VA 22312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:**  **Joseph J. Sorota** 3-2-06 727-538-7370  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40029334

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ABILITIES, INC. OF FLORIDA

## 11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYHER DAWSON 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAN BOOKER 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE MURRAY 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYNN BERSOFF 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH SHRADER 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN TOTH 6295 EDSALL ROAD, STE 175 ALEXANDRIA, VA 22312	Addition