

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 15, 2011
Secretary of State**

DOCUMENT# 700121

Entity Name: ABILITIES, INC. OF FLORIDA**Current Principal Place of Business:**2735 WHITNEY ROAD
CLEARWATER, FL 33760 US**New Principal Place of Business:****Current Mailing Address:**2735 WHITNEY ROAD
CLEARWATER, FL 33760 US**New Mailing Address:****FEI Number:** 59-0874493**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, GENE
2735 WHITNEY ROAD
CLEARWATER, FL 33760 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**OFFICERS AND DIRECTORS:****Title:** DC
Name: SOROTA, JOSEPH
Address: 29750 US HWY 19N #200
City-St-Zip: CLEARWATER, FL 33761**Title:** C
Name: BERSOFF, MARILYNN V CHAIR
Address: 7710 WOODMONT AVE UNIT 1210
City-St-Zip: BETHESDA, MD 20814**Title:** D
Name: BRUGGEMAN, JOHN R
Address: 6295 EDSALL RD., STE 175
City-St-Zip: ALEXANDRIA, VA 22312**Title:** D
Name: HARLES, CHARLES
Address: 6295 ESDALL RD., STE 175
City-St-Zip: ALEXANDRIA, VA 22312**Title:** D
Name: BOOKER, JULIAN
Address: 6295 EDSALL RD., STE. 175
City-St-Zip: ALEXANDRIA, VA 22312

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE THOMAS

VP

06/15/2011

Electronic Signature of Signing Officer or Director_____
Date