


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90095 001 ***900.00

DOCUMENT # 341360			
1. Entity Name ABLE SANITATION, INC.			
Principal Place of Business 7451 NW 63RD ST. MIAMI, FL 33166-3603 US		Mailing Address 7451 NW 63RD ST. MIAMI, FL 33166-3603 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCNABB, TERENCE <input type="checkbox"/> Delete 200 FRIBERE PARKWAY STE 4000 WESTBOROUGH, MA 01581	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERENCE MCNABB 200 FRIBERG PARKWAY, suite 4000 WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARLENGAS, RONALD <input type="checkbox"/> Delete 18 RED GAP ROAD WILBRAHAM, MA 01095	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK SANFRATULLO 200 FRIBERG PARKWAY, Ste 4000 WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITCHNER, DOUGLAS <input type="checkbox"/> Delete 56B FOREST DRIVE SPRINGFIELD, NJ 07081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Balducci 200 FRIBERG PARKWAY, suite 4000 WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BELLORA, TERRY <input type="checkbox"/> Delete 85 CAST INDIA WAY BOSTON, MA 02110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERRY BELLORA 200 FRIBERG PARKWAY, suite 4000 WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLM, MICHAEL <input type="checkbox"/> Delete 6740 GUM GRANCH ROAD RICHLAND, NC 28574	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Holm 7451 NW 63RD ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAIT, BRIAN <input type="checkbox"/> Delete 75 ROCK MAPLE ROAD GREENWICH, CT 06830	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 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: <i>Ronald Parlengas</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RONALD PARLENGAS 4/25/06 508-594-2562	
		Date Daytime Phone #	