

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001024

FILED
Jan 21, 2014
Secretary of State
CC6906929806

Entity Name: ABILITY SERVICES NETWORK, INC.

Current Principal Place of Business:

2397 HUNTCREST WAY
SUITE 200
LAWRENCEVILLE, GA 30043

Current Mailing Address:

2397 HUNTCREST WAY
SUITE 200
LAWRENCEVILLE, GA 30043

FEI Number: 58-2556457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name WHOBREY, GENE
Address 2397 HUNTCREST WAY
 SUITE 200
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name MARTINI, SUSANNE
Address 2397 HUNTCREST WAY
 SUITE 200
City-State-Zip: LAWRENCEVILLE GA 30043

Title SECRETARY, DIRECTOR
Name TODD, BRIAN
Address 2397 HUNTCREST WAY
 SUITE 200
City-State-Zip: LAWRENCEVILL GA 30043

Title DIRECTOR, COO
Name MAHONEY, KEVIN
Address 2397 HUNTCREST WAY
 SUITE 200
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name LOFFREDO, KEN
Address 2397 HUNTCREST WAY
 SUITE 200
City-State-Zip: LAWRENCEVILLE GA 30043

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

SIGNATURE: KEVIN MAHONEY

COO

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date