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09/08/05--01024 - 001 **35.00



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Ability Services Network, Inc. (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: E05000001024
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maggie Ferdinand
(Name of person)
Paranet Corporation Services, Inc.
(Name of firm/company)
3761 Venture Drive, Suite 260
(Address)
Duluth, GA 30096
(City/state and zip code)
For further information concerning this matter, please call:
Maggie Ferdinand at (800) 277-9977 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32309

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
_	itted for a corporation organized unde	· · · · · · · · · · · · · · · · · · ·	in order
to change its re	gistered office or registered agent, or l	both, in the State of Florida.	
1. The name of	the corporation: Ability Services Ne	twork, Inc.	
2. The principal	office address: 3117 Main Street, S	uite A, Duluth, GA 30096	
_			
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 2/15/2005	Document number:F05000001024	
	d street address of the current registered rtment of State:	d agent and registered office on file with the	
	Business Filings Incorporated		eu G
	1203 Governors Square Blvd., Sui	te 101	ELS SE T
	Tallahassee, FL 32301		THE BELL
6. The name and (if changed):	d street address of the new registered as	gent (if changed) and /or registered office	OS SEP -8 MIO: 00
	NRAI Services, Inc.		-
	2731 Executive Park Drive, Suite	e 4	
	(P.O. Box or person	al mailbox NOT acceptable)	~
	Weston, FL 33331		_
-		eet address of the business office of its registe	
Such change we the board, or the	as authorized by resolution duly adop e corporation has been notified in wri	ted by its board of directors or by an officer string of the change.	so authorized by
-Ilne	Signature of an officer or director)	Gene Whobrey, President (Printed or typed name and t	illa
occin mongrea m	the appointment as registered agent to comply with the provisions of all su a familiar with and accept the obligate tely to reflect a change in the registere writing of this change.	and agree to act in this capacity. tatutes relative to the proper and complete pe ion of my position as registered agent. Or, is ed office address, I hereby confirm that the co	,
NRAI Services	, Inc.	9-7-05	
	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Maggie Ferdin	and	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *