2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001024

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

3117 MAIN ST, STE A

() Delete

DULUTH, GA 30096

MARTINI, SUSANNE

DULUTH, GA 30096

3117 MAIN ST. STE 1

FILED Apr 23, 2008 Secretary of State

Entity Nai	me: ABILITY:	SERVICES NETWORK, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 375	MIERE PARK\ 5 GA 30097	VAY				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 375	MIERE PARK\ 5 GA 30097	VAY				
FEI Number:	: 58-2556457	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2731 EXE		DRIVE - SUITE 4 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CEOP (WHOBREY, GI 3117 MAIN ST, DULUTH, GA	STE A	Title: Name: Address: City-St-Zip:	WHOBREY,	ERE PKWY STE 375	
Title: Name: Address: City-St-Zip:	D (WHOBREY, GI 3117 MAIN ST, DULUTH, GA	STE A	Title: Name: Address: City-St-Zip:	WHOBREY,	ERE PKWY STE 375	
Title: Name: Address: City-St-Zip:	VPST (MARTINI, SUS 3117 MAIN ST, DULUTH, GA	STE A	Title: Name: Address: City-St-Zip:	MARTINI, SL	ERE PKWY STE 375	
Title: Name:	VP (TODD, BRIAN) Delete	Title: Name:	SD TODD, BRIA	(X) Change()Addition N	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: GENE GHOBREY P 04/23/2008

2905 PREMIERE PKWY STE 375

2905 PREMIERE PKWY STE 375

(X) Change () Addition

DULUTH, GA 30097

MAHONEY, KEVIN

DULUTH, GA 30097