

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001024

FILED
Apr 20, 2011
Secretary of State

Entity Name: ABILITY SERVICES NETWORK, INC.

Current Principal Place of Business:

2905 PREMIERE PARKWAY
SUITE 375
DULUTH, GA 30097

New Principal Place of Business:

Current Mailing Address:

2905 PREMIERE PARKWAY
SUITE 375
DULUTH, GA 30097

New Mailing Address:

FEI Number: 58-2556457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PCEO
Name: WHOBREY, GENE
Address: 3905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

Title: D
Name: WHOBREY, GENE
Address: 2905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

Title: D
Name: MARTINI, SUSANNE
Address: 2905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

Title: SD
Name: TODD, BRIAN
Address: 2905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

Title: TD
Name: MAHONEY, KEVIN
Address: 2905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

Title: CFO
Name: MAHONEY, KEVIN
Address: 2905 PREMIERE PKWY STE 375
City-St-Zip: DULUTH, GA 30097

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

CFO

04/20/2011

Electronic Signature of Signing Officer or Director

_____ Date