


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000005604

1. Entity Name
A-1 ABLE ROOTER, INC.



Principal Place of Business 5501 SW 196 LANE SOUTHWEST RANCHES, FL 33332	Mailing Address 5722 S. FLAMINGO ROAD #270 FORT LAUDERDALE, FL 33330
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0379185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZERO, MICHAEL
5501 SW 196 LANE
SOUTHWEST RANCHES, FL 33332

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

03/22/06 00051-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZERO, MICHAEL
STREET ADDRESS	5501 S.W. 196 LANE
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332
TITLE	D
NAME	ZERO, DEIRDRE
STREET ADDRESS	5501 SW 196 LANE
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Deirdre Zero 1-19-06 954 680-8831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Deirdre Zero