

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081656

Entity Name: ABLEAUCTIONS.COM, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1963 LOUGHEED HIGHWAY
COQUITLAM, BC V3K 3T8

New Principal Place of Business:

Current Mailing Address:

1963 LOUGHEED HIGHWAY
COQUITLAM, BC V3K 3T8

New Mailing Address:

FEI Number: 59-3404233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LADHA, ABDULL
Address: 1963 LOUGHEED HIGHWAY
City-St-Zip: COQUITLAM, BC V3K 3T8 CA

Title: D () Delete
Name: SLEEMAN, BARRETT
Address: #16-1728 EDWARDS DRIVE
City-St-Zip: POINT ROBERTS, WA 98281

Title: D () Delete
Name: BOYLING, MICHAEL
Address: 8540 FAIRBROOK CRESCENT
City-St-Zip: RICHMOND, BC V7C 1Z3

Title: D () Delete
Name: VOGT, DAVID DR.
Address: 3771 WEST 15TH AVE
City-St-Zip: VANCOUVER, BC V6R 2Z7 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ABDULL LADHA

PCD

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date