

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 18, 2004  
Secretary of State**

DOCUMENT# N00000003606

Entity Name: ACCESS 4 ALL, INCORPORATED

**Current Principal Place of Business:**

3200 PALM AIRE DR., N., #505  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3200 PALM AIRE DR., N., #505  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 65-1122740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FULLER, JOHN ESQ.  
FULLER, FULLER & ASSOCIATES, P.A.  
1111 LINCOLN RD. MALL, STE. 802  
MIAMI BEACH, FL 33139 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: PD ( ) Delete  
Name: DI PALMA, PETER  
Address: 3200 PALM AIRE DRIVE, #505  
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD ( ) Delete  
Name: ESPOSITO, FELIX  
Address: 5571 LAKESIDE DRIVE, #102  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DI PALMA, PETER A  
Address: 3200 PALM AIRE DRIVE, #505  
City-St-Zip: POMPANO BEACH, FL 33069

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. DIPALMA

PD

01/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date