

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003606

FILED
Apr 27, 2005
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

DIPALMA, PETER A PD.
3200 PALM AIRE DR. N.
#505
POMPANO BEACH, FL 33069 US

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: PETER A. DIPALMA

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DI PALMA, PETER A
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 PD.
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

04/27/2005

Electronic Signature of Signing Officer or Director

Date