

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2007
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:

DIPALMA, PETER A PD.
3200 PALM AIRE DR. N.
#505
POMPANO BEACH, FL 33069 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: P () Delete
Name: DI PALMA, PETER A P
Address: 3200 PALM AIRE DR. N. #505
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: V () Delete
Name: HARTY, OWEN V
Address: 6190 WOODLAND BLVD #102
City-St-Zip: TAMARAC, FL 33019 US

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

Title: T () Delete
Name: PETER, DIPALMA A T
Address: 3200 PALM AIRE DR. N. #505
City-St-Zip: POMPANO BEACH, FL 33069 US

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 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 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

01/21/2007

Electronic Signature of Signing Officer or Director

Date