2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003606

Title:

Name:

Address:

City-St-Zip:

Entity Name: ACCESS 4 ALL, INCORPORATED

() Delete

3200 PALM AIRE DR. N. #505

POMPANO BEACH, FL 33069 US

PETER, DIPALMA A T

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3200 PALM AIRE DR. N. #505 POMPANO BEACH, FL 33069 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DI PALMA, PETER A P Name: Name: Address: 3200 PALM AIRE DR. N. #505 Address: City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HARTY, OWEN V Name: HOUSTON, JOSEPH V Address: 6190 WOODLAND BLVD #102 Address: 1931 NE 2ND AVE City-St-Zip: TAMARAC, FL 33019 US City-St-Zip: POMPANO BEACH, FL 33060 US Title: () Delete Title: () Change () Addition ESPOSITO, FELIX M S Name: Name: 1320 BANKS RD. UNIT #309 Address: Address: City-St-Zip: MARGATE, FL 33063 US 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER A. DIPALMA Ρ 03/05/2009

() Change () Addition