

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 04, 2005  
Secretary of State**

DOCUMENT# N01000000433

Entity Name: ACCESS FOR AMERICA, INC.

**Current Principal Place of Business:**

10126 CHARLEMONT AVENUE  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

10126 CHARLEMONT AVENUE  
ENGLEWOOD, FL 34224

**New Mailing Address:**

FEI Number: 65-1075951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, MARTIN D  
10126 CHARLEMONT AVENUE  
ENGLEWOOD, FL 34224      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: CEO      ( ) Delete  
Name: SMITH, MARTIN D  
Address: 10126 CHARLEMONT AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: P/D      ( ) Delete  
Name: SMITH, MARTIN D  
Address: 10126 CHARLEMONT AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD      ( ) Delete  
Name: SMITH, DAVENE M  
Address: 10126 CHARLEMONT AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: VPD      ( ) Delete  
Name: WILDER, DOUG  
Address: 530 CORTO ANDRA ST.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: O/D      ( ) Delete  
Name: DAWKINS, DONALD  
Address: 2300 FAIRFIELD AVE.  
City-St-Zip: SARASOTA, FL 34232

Title: O/D      ( ) Delete  
Name: MYERS, TAMMY  
Address: 9224 CYPRESS DR.N  
City-St-Zip: FT.MYERS, FL 33912

**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:

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 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: MARTIN D. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/04/2005

\_\_\_\_\_  
Date