2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003592

FILED Feb 17, 2006 Secretary of State

Entity Name: ACTIVE DISABLED AMERICANS, INC. **Current Principal Place of Business: New Principal Place of Business:** 225 UPPER MATECUMBE RD KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** 225 UPPER MATECUMBE RD KEY LARGO, FL 33037 FEI Number: 46-0481278 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: NEALEY, MICHAEL 225 UPPER MATECUMBE RD KEY LARGO, FL 33037 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 NEALEY, MICHAEL Name: Name: Address: 225 UPPER MATECUMBE RD Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: SHEA, PAULA Name: Address: 88005 OVERSEAS HWY PLAZA 88 STE #17 Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: DS () Delete Title: () Change () Addition O'NEAL, CHAD Name: Name: 225 UPPER MATECUMBE RD Address: Address: City-St-Zip: KEY LARGO, FL 33037 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: MICHAEL NEALEY DP 02/17/2006