

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38791

FILED  
May 03, 2005  
Secretary of State

Entity Name: DISABILITY ADVOCACY AND ACCESS NETWORK, INC.

**Current Principal Place of Business:**

4630 N UNIVERSITY DRIVE  
#376  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

4630 N UNIVERSITY DRIVE  
#376  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 65-0224680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COHEN, ROBERT  
1891 NW 114 AVENUE  
CORAL SPRINGS, FL 33067 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: CD      ( ) Delete  
Name: COHEN, ROBERT  
Address: 4630 N UNIVERSITY DRIVE #376  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DV      ( ) Delete  
Name: MEARS, JIM  
Address: 4630 N. UNIVERSITY DRIVE #376  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D      ( ) Delete  
Name: KENNEDY, PATRICIA L  
Address: 4630 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D      ( ) Delete  
Name: EASTON, SMYTHE  
Address: 4630 N. UNIVERSITY DRIVE #376  
City-St-Zip: CORAL SPRINGS, FL 33067

**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 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: PATRICIA L. KENNEDY

SEC

05/03/2005

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

\_\_\_\_\_  
Date