

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# N38791

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)

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 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: PATRICIA L. KENNEDY

D

01/19/2006

Electronic Signature of Signing Officer or Director

Date