

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017167

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ACCESSIBILITY-ASSISTANCE INC.

**Current Principal Place of Business:**

610 EAST SAMPLE RD  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

610 EAST SAMPLE RD  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 65-1122742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, JOHN  
12000 BISCAYNE BLVD  
SUITE # 609  
NORTH MIAMI, FL 33181 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SPALLUTO, KATHY  
Address: 1620 N OCEAN BLVD  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: SPALLUTO, DOUGLAS  
Address: 3962 NW 4TH COURT  
City-St-Zip: DEEFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY SPALLUTO

D

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date