

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017167

FILED
Apr 08, 2009
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

CEO

04/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date