

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000140906

Entity Name: ACCESSIBILITY BY DESIGN, CORP.

FILED  
Apr 04, 2005  
Secretary of State

**Current Principal Place of Business:**

115 EAST FAITH TERRACE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

115 EAST FAITH TERRACE  
MAITLAND, FL 32751

**New Mailing Address:**

P.O. BOX 940746  
MAITLAND, FL 32789

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

PRZYGODSKI BERRY, SUSAN M  
115 EAST FAITH TERRACE  
MAITLAND, FL 32751    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:        P            ( ) Delete  
Name:       PRZYGODSKI BERRY, SUSAN M  
Address:    115 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title:        V            ( ) Delete  
Name:       BERRY, THOMAS L  
Address:    115 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title:        V            ( ) Delete  
Name:       BERRY, THOMAS P  
Address:    115 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

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

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                    ( ) Change ( ) Addition  
City-St-Zip:                ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                    ( ) Change ( ) Addition  
City-St-Zip:                ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                    ( ) Change ( ) Addition  
City-St-Zip:                ( ) Change ( ) Addition

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

SIGNATURE: SUSAN PRZYGODSKI BERRY

PRES

04/04/2005

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

\_\_\_\_\_ Date