

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001499

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** DISABLED AND ALONE/LIFE SERVICES FOR THE HANDICAPPED, INC.

**Current Principal Place of Business:**

61 BROADWAY  
STE 510  
NEW YORK, NY 10006

**New Principal Place of Business:**

**Current Mailing Address:**

61 BROADWAY  
STE 510  
NEW YORK, NY 10006

**New Mailing Address:**

**FEI Number:** 13-3530656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STIMSON, RICHARD  
921 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955 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: PARK, LESLIE D  
Address: 25 ARBOR LANE  
City-St-Zip: DIX HILLS, NY 11746

Title: SD (X) Delete  
Name: MILLER, NAOMI DR  
Address: 45 EAST 89TH STREET, APT. 9E  
City-St-Zip: NEW YORK, NY 10128

Title: VD ( ) Delete  
Name: DAVIDSON, REX L  
Address: 4-21 27TH AVE  
City-St-Zip: ASTORIA, NY 11102

Title: TD ( ) Delete  
Name: SHANNON, WILLIAM J.D.  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 100226839

**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 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: LEE ALAN ACKERMAN

ED

01/14/2008

Electronic Signature of Signing Officer or Director

Date