

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2007**  
**Secretary of State**

DOCUMENT# F05000000579

Entity Name: ACCESSPORTAMERICA, INC.

**Current Principal Place of Business:**

119 HIGH STREET  
ACTON, MA 01720

**New Principal Place of Business:**

**Current Mailing Address:**

119 HIGH STREET  
ACTON, MA 01720

**New Mailing Address:**

FEI Number: 04-3265194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DEMPKO, SARAH  
2659 NORTHEAST DIXIE HWY.  
JENSON BEACH, FL 34957      US

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:**

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

Title: PD      ( ) Delete  
Name: LILLEY, ROSS  
Address: 119 HIGH STREET  
City-St-Zip: ACTON, MA 01720

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

Title: D      ( ) Delete  
Name: HALBY, SUSAN  
Address: 38 SIMON WILLIARD  
City-St-Zip: CONCORD, MA

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

Title: D      ( ) Delete  
Name: SCHEIER, MARK  
Address: 103 GREAT RD  
City-St-Zip: ACTON, MA 01720

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

Title: D      ( ) Delete  
Name: KAHLER, GREG  
Address: 201 BEECH AVE.  
City-St-Zip: MELROSE, MA 02176

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

Title: D      ( ) Delete  
Name: LILLEY, JEAN  
Address: 119 HIGH STREET  
City-St-Zip: ACTON, MA 01720

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

Title: D      ( ) Delete  
Name: MUGAR, CAROLYN  
Address: 334 BROADWAY  
City-St-Zip: CAMBRIDGE, MA 02139

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: MARK SCHEIER

D

06/05/2007

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

\_\_\_\_\_  
Date