2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# F11000000014

Entity Name: DISABILITY ACCESS CONSULTANTS, INC.

Current Principal Place of Business:

720 W CHEYENNE AVE, SUITE 220
N LAS VEGAS, NV 89030

New Principal Place of Business:

Current Mailing Address:

720 W CHEYENNE AVE, SUITE 220
N LAS VEGAS, NV 89030

New Mailing Address:

FEI Number: 93-1243099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MICHAEL BOGA
7789 NORTH FLORIDA AVENUE
CITRUS SPRINGS, FL 34434 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: PVPS
Name: THORPE, BARBARA
Address: 720 W CHEYENNE AVE, SUITE 220
City-St-Zip: N LAS VEGAS, NV 89030

Title: TCVC
Name: THORPE, BARBARA
Address: 720 W CHEYENNE AVE, SUITE 220
City-St-Zip: N LAS VEGAS, NV 89030

Title: D
Name: THORPE, BARBARA
Address: 720 W CHEYENNE AVE, SUITE 220
City-St-Zip: N LAS VEGAS, NV 89030

I hereby 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 all other like empowered.

SIGNATURE: BARBARA THORPE CEO 01/18/2011

Electronic Signature of Signing Officer or Director Date