

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000014

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**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:**

BOGA, MICHAEL  
7789 NORTH FLORIDA AVENUE  
CITRUS SPRINGS, FL 34434 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: MICHAEL BOGA

01/04/2012

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

PVPS

01/04/2012

Electronic Signature of Signing Officer or Director

Date