


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004531	
1. Entity Name ADVOCATING DISABILITY RIGHTS, INC.	

Principal Place of Business 815 MIDDLE RIVER DRIVE UNIT 108 FORT LAUDERDALE, FL 33304	Mailing Address 815 MIDDLE RIVER DRIVE UNIT 108 FORT LAUDERDALE, FL 33304
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03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026264	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOXON, GEORGE L ESQ
718 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB WILSON, CARLISLE E 815 MIDDLE RIVER DRIVE UNIT 108 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXON, GEORGE L ESQ 718 NE 2ND AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC UMPIERRE, EDUARDO UNIT 1204 CONDO TORRE SAN MIGUEL GUAYNABO, PR 00927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/24/06-60011-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlisle E Wilson Carlisle E Wilson 3/10/2006 957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #