2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004
Secretary of State

DOCUMENT# N01000000385

Entity Name: ACCESS FOR THE DISABLED, INC.

Current Principal Place of Business:

4630 N UNIVERSITY DR
#376
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4630 N UNIVERSITY DR
#376
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 52-2310661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT
4630 N UNIVERSITY DR
#376
CORAL SPRINGS, FL 33067

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: COHEN, ROBERT
Address: 4630 N UNIVERSITY DR., #376
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KENNEDY, PATRICIA
Address: 4630 N UNIVERSITY DR., #376
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: MEARS, JIM
Address: 4630 N. UNIV. DRI. #376
City-St-Zip: POMPANO BEACH, FL 33067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MEARS, JIM
Address: 4630 N. UNIV. DRI. #376
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Change (X) Addition
Name: LONG, JOHNNY
Address: 4630 N. UNIVERSITY DRIVE #376
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA L. KENNEDY D 07/23/2004

Electronic Signature of Signing Officer or Director — Date