2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000433

Entity Name: ACCESS FOR AMERICA, INC.

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10126 CHARLEMONT AVENUE ENGLEWOOD, FL 34224 **Current Mailing Address: New Mailing Address:** 10126 CHARLEMONT AVENUE ENGLEWOOD, FL 34224 FEI Number: 65-1075951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, MARTIN D 10126 CHARLEMONT AVENUE ENGLEWOOD, FL 34224 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: CEO () Delete () Change () Addition SMITH, MARTIN D Name: Name: 10126 CHARLEMONT AVENUE Address: Address: ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, MARTIN D Name: Name: Address: 10126 CHARLEMONT AVENUE Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, DAVENE M Name: Name: 10126 CHARLEMONT AVENUE Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: WILDER, DOUG Name: Address: 530 CORTO ANDRA ST. Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: O/D () Delete Title: () Change () Addition DAWKINS, DONALD Name: Name: 2300 FAIRFIELDAVE. Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: () Delete Title: () Change () Addition MYERS, TAMMY Name: Name: Address: 9224 CYPRESS DR.N Address: FT.MYERS, FL 33912 City-St-Zip: City-St-Zip:

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: MARTIN D. SMITH PRES 02/04/2005