## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000433

Entity Name: ACCESS FOR AMERICA, INC.

FILED Jan 10, 2006 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 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:

· \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CEO ( ) Delete
 Title:
 CEO (X) Change ( ) Addition

 Name:
 SMITH, MARTIN D
 Name:
 SMITH, MARTIN D

 Address:
 10126 CHARLEMONT AVENUE
 Address:
 10126 CHARLEMONT AVENUE

City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, ENGLEWOOD

Title: P/D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, MARTIN D
 Name:

 Address:
 10126 CHARLEMONT AVENUE
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34224
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: SMITH, DAVENE M Name: SMITH, DAVENE M

Address: 10126 CHARLEMONT AVENUE Address: 10126 CHARLEMONT AVENUE City-St-Zip: ENGLEWOOD, FL 34224 US ENGLEWOOD, FL 34224 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 WILDER, DOUG
 Name:
 DAWKINS, DONALD V

 Address:
 530 CORTO ANDRA ST.
 Address:
 2300 FAIRFIELD AVENUE

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 SARASOTA, FL 34232

Title: O/D ( ) Delete Title: O/D (X) Change ( ) Addition

 Name:
 DAWKINS, DONALD
 Name:
 CADMAN, JEANNE M O

 Address:
 2300 FAIRFIELDAVE.
 Address:
 859 E.SECOND STREET

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 ENGLEWOOD, FL 34223 US

Title: O/D ( ) Delete Title: O/D (X) Change ( ) Addition

Name: MYERS, TAMMY Name: WILDER, DOUG O

 Address:
 9224 CYPRESS DR.N
 Address:
 530 CORTO ANDRA STREET

 City-St-Zip:
 FT.MYERS, FL 33912
 City-St-Zip:
 PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 P 01/10/2006