2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N02000003592

Entity Name: ACTIVE DISABLED AMERICANS, INC.

Current Principal Place of Business:

225 UPPER MATECUMBE RD
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

225 UPPER MATECUMBE RD
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 46-0481278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEALEY, MICHAEL
225 UPPER MATECUMBE RD
KEY LARGO, FL 33037 US

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: DP ( ) Delete
Name: NEALEY, MICHAEL
Address: 225 UPPER MATECUMBE RD
City-St-Zip: KEY LARGO, FL 33037

Title: DV ( ) Delete
Name: SHEA, PAULA
Address: 88005 OVERSEAS HWY PLAZA 88 STE #17
City-St-Zip: ISLAMORADA, FL 33036

Title: DS ( ) Delete
Name: BILL, GORDON
Address: 1 HARBOR SHORE RD.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL NEALEY DP 06/15/2009

Electronic Signature of Signing Officer or Director — Date