2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001121

1. Entity Name
DISABILITY ALTERNATIVES, INC.

GRDN. APT

Principal Place of Business	Mailing Address
719 CENTRAL AVE ST PETERSBURG, FL 33701	8199 TERR GRDN DR N. APT 414 SAINT PETERSBURG, FL 33709-1054

01042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
54-2103147
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERDES, CHARLES W ESQ
770 SECOND AVE S.
SAINT PETERSBURG, FL 33709

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONDON, PHIL
STREET ADDRESS	8199 TERR. GRD #DR. N #414
CITY-ST-ZIP	SAINT PETERSBURG, FL 337091054
TITLE	VD
NAME	LONDON, VICKI J
STREET ADDRESS	8199 TERR. GRD #DR. N #414
CITY-ST-ZIP	SAINT PETERSBURG, FL 337091054
TITLE	S
NAME	SEKORA, MELANIE
STREET ADDRESS	16302 E COURSE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	GERDES, CHARLES
STREET ADDRESS	770 2ND AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	GREENE, MICHELE
STREET ADDRESS	940 MONTE CRISTU BLVD.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	D
NAME	HERSHROWITZ, HAL
STREET ADDRESS	1140 THIRD AVE S
CITY-ST-ZIP	TIERRA VERDE, 33715

U00000392097
01/11/06-80083-010 70.00

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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: Phil London, PHIL LONDON, PRES 1-6-06 727-548-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #