

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003451

FILED
Apr 18, 2005
Secretary of State

Entity Name: ACCESS ASSISTANCE, INC.

Current Principal Place of Business:

7934 KIMBERLY COURT
LARGO, FL 33777

New Principal Place of Business:

10542 OAKHAVEN DRIVE
PINELLAS PARK, FL 33782

Current Mailing Address:

7934 KIMBERLY COURT
LARGO, FL 33777

New Mailing Address:

10542 OAKHAVEN DRIVE
PINELLAS PARK, FL 33782

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA, JOHNSON
7934 KIMBERLY CT.
LARGO, FL FL US

Name and Address of New Registered Agent:

PATRICIA, JOHNSON
10542 OAKHAVEN DRIVE
PINELLAS PARK, FL 33782 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: PATRICIA JOHNSON

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATRICIA, JOHNSON
Address: 7934 KIMBERLY CT
City-St-Zip: LARGO, FL 33777

Title: V () Delete
Name: DELMON, JOHNSON
Address: 7934 KIMBERLY CT
City-St-Zip: LARGO, FL 33777

Title: S () Delete
Name: KEHIA, WRIGHT
Address: 6461 83RD AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: T () Delete
Name: CHERYL, FANCHER
Address: 6310 29TH STREET EAST
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATRICIA, JOHNSON
Address: 10542 OAKHAVEN DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

Title: V (X) Change () Addition
Name: DELMON, JOHNSON
Address: 10542 OAKHAVEN DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

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 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 JOHNSON

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date