2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003451

Entity Name: ACCESS ASSISTANCE, INC.

FILED Feb 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10542 OAKHAVEN DRIVE 6348 102ND AVENUE N. PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782

Current Mailing Address: New Mailing Address:

10542 OAKHAVEN DRIVE 6348 102ND AVENUE N PINELLAS PARK, FL 33782 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: Name and Address of New Registered Agent:

PATRICIA, JOHNSON JOHNSON, PATRICIA 6348 102NĎ AVENUE N 10542 OAKHAVEN DRIVE PINELLAS PARK, FL 33782 US 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 02/22/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PATRICIA, JOHNSON JOHNSON, PATRICIA Name: Name: 10542 OAKHAVEN DRIVE Address: 6348 102ND AVENUE N. Address:

City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782

Title: () Delete Title: (X) Change () Addition JOHNSON, DELMON Name: DELMON, JOHNSON Name: Address: 10542 OAKHAVEN DRIVE Address: 6348 102ND AVENUE N. City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782

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

KEHIA, WRIGHT Name: JACOBS, KEHIA L Name:

6461 83RD AVENUE NORTH 6461 83RD AVENUE NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781

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

CHERYL, FANCHER Name: Name: FANCHER, CHERYL A Address: 6310 29TH STREET EAST Address: 6310 29TH STREET EAST City-St-Zip: ELLENTON, FL 34222 City-St-Zip: ELLENTON, FL 34222

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: PATRICIA JOHNSON Ρ 02/22/2006