2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007582

FILED Apr 12, 2009 Secretary of State

Entity Name: ACCESSIBLE SOLUTIONS AT AVALON PARK, INC.

Current Principal Place of Business: New Principal Place of Business: 661 HIGHLAND DR ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 661 HIGHLAND DR ALTAMONTE SPRINGS, FL 32701 FEI Number: 86-1113333 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: W & P SERVICES, INC MARINI, MIKE 450 N. WYMORE ROAD 661 HIGHLAND DRIVE WINTER PARK, FL 32789 ALTAMONTE SPRINGS, FL 32701 US 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: MIKE MARINI 04/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KAHLI, BEAT M Name: KAHLI, BEAT M Name: 13001 FOUNDERS SQUARE DR Address: 3680 AVALON PARK EAST BOULEVARD, STE 300 Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 Title: Title: (X) Change () Addition () Delete MARINI, DONNA Name: MARINI, DONNA Name: Address: 13001 FOUNDERS SQUARE DRIVE Address: 661 HIGHLAND DRIVE City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: (X) Change () Addition CAMERON, MICHAEL Name: CAMERON, MICHAEL Name: 13001 FOUNDERS SQUARE DRIVE Address: Address: 661 HIGHLAND DRIVE City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition Name: Name: MARINI, MIKE Address: Address: 661 HIGHLAND DRIVE City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition KAVIANI, SUMMER Name: Name: 661 HIGHLAND DRIVE Address: Address: City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition DEUTSCH, PAUL Name: Name: Address: Address: 661 HIGHLAND DRIVE ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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: MIKE MARINI D 04/12/2009