

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008184

FILED
Apr 28, 2006
Secretary of State

Entity Name: DIFFERENT ABILITIES, INC.

Current Principal Place of Business:

2158 RIBBON TERRACE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2158 RIBBON TERRACE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-3283341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, KRISTIN
2158 RIBBON TERRACE
NORTH PORT, FL 34286 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: P () Delete
Name: HANSEN, KRISTIN
Address: 2158 ROBBON TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: HANSEN, ROBERT
Address: 2158 RIBBON TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: S,T () Delete
Name: HENDRICKSON, KAREN
Address: 3371 BAYRIDGE WAY
City-St-Zip: PORT CHARLOTTE, FL 33953

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 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: KRISTIN HANSEN

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date