

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008781

FILED
Mar 20, 2009
Secretary of State

Entity Name: ACCESSIBLE COMMUNICATION SERVICES INC.

Current Principal Place of Business:

19451 SHERIDAN STREET
SUITE #340
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

19451 SHERIDAN STREET
SUITE #340
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 68-0654345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUSTEE AND RA SERVICES INC.
3212 CORAL RIDGE DRIVE
CORAL SPRINGS, FL FL, 33065 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: PD () Delete
Name: GAUNTLETT, LISA M
Address: 19451 SHERIDAN STREET SUITE #340
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VPD () Delete
Name: CAMPBELL, BRIAN D
Address: 19451 SHERIDAN STREET SUITE #340
City-St-Zip: PEMBROKE PINES, FL 33332

Title: SD () Delete
Name: CEPEDA, MARILYN
Address: 16622 NW 73RD AVE
City-St-Zip: MIAMI LAKES, FL 33014

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 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: BRIAN CAMPBELL

MR

03/20/2009

Electronic Signature of Signing Officer or Director

Date