

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38791

FILED
Jan 21, 2008
Secretary of State

Entity Name: DISABILITY ADVOCACY AND ACCESS NETWORK, INC.

Current Principal Place of Business:

1440 CORAL RIDGE DRIVE
#415
CORAL SPRINGS, FL 330715433 US

New Principal Place of Business:

Current Mailing Address:

1440 CORAL RIDGE DRIVE
#415
CORAL SPRINGS, FL 330715433 US

New Mailing Address:

FEI Number: 65-0224680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT
1891 NW 114 AVENUE
CORAL SPRINGS, FL 33067 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: CD () Delete
Name: COHEN, ROBERT
Address: 1440 CORAL RIDGE DRIVE #415
City-St-Zip: CORAL SPRINGS, FL 330715433 US

Title: DV () Delete
Name: MEARS, JIM
Address: 1440 CORAL RIDGE DRIVE #415
City-St-Zip: CORAL SPRINGS, FL 330715433 US

Title: D () Delete
Name: KENNEDY, PATRICIA L
Address: 1440 CORAL RIDGE DRIVE #415
City-St-Zip: CORAL SPRINGS, FL 330715433 US

Title: D () Delete
Name: EASTON, SMYTHE
Address: 1440 CORAL RIDGE DRIVE #415
City-St-Zip: CORAL SPRINGS, FL 330715433 US

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:

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: PATRICIA L. KENNEDY

D

01/21/2008

Electronic Signature of Signing Officer or Director

Date