2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N94000005200

Entity Name: FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY, INC.

Current Principal Place of Business:

325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3352342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWELLS, STEVEN L MR.
325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 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: BC ( ) Delete
Name: MILLS, GLORIA MS.
Address: 4123 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629 US

Title: ED ( ) Delete
Name: HOWELLS, STEVEN L MR.
Address: 325 JOHN KNOX RD, BLVD 400, SUITE 402
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: FC ( ) Delete
Name: HOWE, ELIZABETH MS.
Address: 720 NORDTH DENNING DR.
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BC (X) Change ( ) Addition
Name: LOPEZ, SARAH MS.
Address: 1969 S. ALAFAYA TRAIL #215
City-St-Zip: ORLANDO, FL 32828 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CE (X) Change ( ) Addition
Name: ESCALLON, ENRIQUE MR
Address: 4371 SW 150 COURT
City-St-Zip: MIAMI, FL 33185 US

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: STEVEN L. HOWELLS ED 01/27/2009

Electronic Signature of Signing Officer or Director — Date