

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005313

FILED
Feb 15, 2006
Secretary of State

Entity Name: ASSOCIATION FOR DISABLED AMERICANS, INC.

Current Principal Place of Business:

6538 COLLINS AVE., PMB #196
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6538 COLLINS AVE., PMB #196
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0646620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, DANIEL
16041 SW 86TH AVE.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

WISNIEWSKI, P. MICHELLE
1008 CALICO JACK CIRCLE
CUDJOE KEY, FL 33042 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: P. MICHELLE WISNIEWSKI

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUIZ, DANIEL
Address: 16041 SW 86TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: RUIZ, DANIEL
Address: 16041 SW 86TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: PRICE, CHERYL
Address: 1111 BRICKELL BAY DR #1801
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: JAFFER, ADAH
Address: 2901 S. BAYSHORE DR., #6F
City-St-Zip: MIAMI, FL 33133

Title: MS. () Delete
Name: WISNIEWSKI, MICHJELLE
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISNIEWSKI, P. MICHELLE
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042

Title: VD (X) Change () Addition
Name: RUIZ, DANIEL
Address: 104 LINDEN ST.
City-St-Zip: RUSSELVILLE, AL 35653

Title: SD (X) Change () Addition
Name: WISNIEWSKI, ANNA
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042

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

Title: D (X) Change () Addition
Name: FELDSTEIN, DON
Address: 2715 TIGER TALE AVE. #108
City-St-Zip: MIAMI, FL 33131

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: P. MICHELLE WISNIEWSKI

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date