

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N95000005313

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:

WISNIEWSKI, P. MICHELLE
1008 CALICO JACK CIRCLE
CUDJOE KEY, FL 33042 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: WISNIEWSKI, P. MICHELLE
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042

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

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

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

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: P. MICHELLE WISNIEWSKI

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date