2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90275 007 ****61.25

DOCUMENT # N98000002052

1. Entity Name
DEAF EXPERIENCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1310 N MAIN ST SUITE 103 KISSIMMEE, FL 34744	1310 N MAIN ST SUITE 103 KISSIMMEE, FL 34744

2. Principal Place of Business	3. Mailing Address
3700 Commerce Blvd.	3700 Commerce Blvd.
Suite, Apt. #, etc. 134	Suite, Apt. #, etc. 134
City & State Kissimmee, FL	City & State Kissimmee, FL
Zip 34741-4656 Country U.S.A.	Zip 34741-4656 Country U.S.A.

03312004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3504378 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUEVAS, OLETHA 3545 PINERIDGE CIRCLE KISSIMMEE, FL 34746	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME RODRIGUEZ, JULIO STREET ADDRESS 2100 POLO CLUB DR APT 103 CITY-ST-ZIP KISSIMMEE, FL 347412310	☒ Delete	TITLE P NAME SCHOOLEY, JAMES STREET ADDRESS 579 FLORAL DR CITY-ST-ZIP KISSIMMEE, FL 34743	☐ Change ☒ Addition
TITLE V NAME SCHOOLEY, JAMES C STREET ADDRESS 579 FLORAL DR CITY-ST-ZIP KISSIMMEE, FL 34743	☒ Delete	TITLE V NAME VEGA, REINALDO J. STREET ADDRESS 2806 OSPREY COVE PL #102 CITY-ST-ZIP KISSIMMEE, FL 34746	☒ Change ☒ Addition
TITLE S NAME RIVERA, MELISSA STREET ADDRESS 2100 POLO CLUB DR APT 103 CITY-ST-ZIP KISSIMMEE, FL 34741	☒ Delete	TITLE S NAME VEGA, REINALDO J. STREET ADDRESS 2806 OSPREY COVE PL #102 CITY-ST-ZIP KISSIMMEE, FL 34746	☐ Change ☒ Addition
TITLE T NAME FEINBAUM, CHRISTINE STREET ADDRESS 1161 NORMANDY DRIVE CITY-ST-ZIP KISSIMMEE, FL 34759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ROTH, ANGELA STREET ADDRESS 1310 N MAIN STREET STE 101 CITY-ST-ZIP KISSIMMEE, FL 34744	☐ Delete	TITLE D NAME ROTH, ANGELA STREET ADDRESS 3700 COMMERCE BLVD. SUITE 108 CITY-ST-ZIP KISSIMMEE, FL 34741-4656	☒ Change ☐ Addition
TITLE D NAME VEGA, REINALDO J STREET ADDRESS 3838 NAUTICAL WAY #104 CITY-ST-ZIP KISSIMMEE, FL 34741	☒ Delete	TITLE D NAME MOLLINEDO, TARA STREET ADDRESS 3700 COMMERCE BLVD. SUITE 108 CITY-ST-ZIP KISSIMMEE, FL 34741-4656	☒ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C Schooley — 4/19/04 — 407-518-9050 TDD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #