

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

40076400

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|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 59-3630347    | Not Applicable |

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

|  |   |   |   |   |                               |
|--|---|---|---|---|-------------------------------|
| <b>DOCUMENT # P00000023561</b>   |   |   |   | 04-23-2007 90093 001 ***150.00  |                               |
| 1. Entity Name<br><b>ACTION DISABILITY RESOURCES, INC.</b>   |   |   |   |  |                               |
| Principal Place of Business<br><b>5609 TIMUQUANA RD<br/>JACKSONVILLE, FL 32210</b>   |   | Mailing Address<br><b>5609 TIMUQUANA RD<br/>JACKSONVILLE, FL 32210</b>                          |   |   |                               |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |                               |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |                               |
| City & State   |   | City & State  |   |   |                               |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>59-3630347</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |   |                               |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent           |   |                               |
| <b>RUIZ, JACK<br/>1098 OTIS RD<br/>JACKSONVILLE, FL 32220</b>  |   |   | Name  |   |                               |
|  |   |   | Street Address (P.O. Box Number is Not Acceptable)    |   |                               |
|  |   |   |   |   |                               |
|  |   |   | City  | <b>FL</b>   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |   |   |                               |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                |   | <b>\$5.00 May Be Added to Fees</b>  |                               |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>RUIZ, JACK<br/>1098 OTIS RD<br/>JACKSONVILLE, FL 32220</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:    |   | <b>Jack Ruiz</b>  |   | <b>4/23/07 904-777-1977</b>   |                               |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   | <small>Date Daytime Phone #</small>   |                               |