2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000031758

ACCÉSS ENVIRONMENTAL ASSOCIATES, INC.



Principal Place of Business

4239 SUNBEAM ROAD

SUITE 4

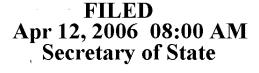
JACKSONVILLE, FL 32257

Mailing Address

4239 SUNBEAM ROAD

SUITE 4

JACKSONVILLE, FL 32257





02212006

No Chg-P

CR2E034 (11/05)

4. FEI Number, 59-3636732 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

AKEL, DANIEL D

NOT MOITE

ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202			IN THIS SPACE				
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 titls if applicable (FIOTE Registered Agent signature required when reinstating) - OATE							
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY-ST-21P	P FAUST, EARL 9350 ZAMBITO ROAD NORTH JACKSONVILLE, FL 32210				U00000504546		
TITLE MAME STREET ADDRESS CKTY-ST-ZIP	S FAUST, ELIZABETH 9350 ZAMBITO ROAD NORTH JACKSONVILLE, FL 32210			04/26/06-80074-025 150.00			
RITLE NAME STREET ADDRESS EITY-ST-ZIP	V NAPIER, JONATHAN 2485 PELLICER RD. SAINT AUGUSTINE, FL 32092		DO NOT WRITE				
SITLE NAME STREET AODRESS C(TY-ST-ZIP	T NAPIER, CHANDA 2485 PELLICER RD. SAINT AUGUSTINE, FL 32092		IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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: _

TITLE NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR