

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 18, 2005
Secretary of State**

DOCUMENT# P01000097761

Entity Name: DISABILITY APEX, INC.

Current Principal Place of Business:

PO BOX 180549
TALLAHASSEE, FL 323180549

New Principal Place of Business:

Current Mailing Address:

PO BOX 180549
TALLAHASSEE, FL 323180549

New Mailing Address:

FEI Number: 59-3747222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWRENCE, LISA CLARKE
5230 WATER VALLEY DR.
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LAWRENCE, LISA CLARKE
Address: 5230 WATER VALLEY DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPT () Delete
Name: LAWRENCE, CHARLES W
Address: 5230 WATER VALLEY DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISALAWRENCE

PS

08/18/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date