

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012789

FILED
Jan 09, 2006
Secretary of State

Entity Name: DISABILITY EXPERTS OF FLORIDA, INC.

Current Principal Place of Business:

902 W. LUMSDEN ROAD
SUITE 102
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

7451 OAK TREE LANE
SPRING HILL, F: 34607

New Mailing Address:

FEI Number: 20-2245767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEXER, ALLAN S
7451 OAK TREE LANE
SPRING HILL, FL 34607 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: P () Delete
Name: FLEXER, ALLAN S
Address: 7451 OAK TREE LANE
City-St-Zip: SPRING HILL, FL 34607 US

Title: VP () Delete
Name: BARON, MELVIN T
Address: 3117 LECANTO STREET
City-St-Zip: HOLIDAY, FL 34691 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BUDLIN, DAVID
Address: 2649 RIDGETOP WAY
City-St-Zip: VALRICO, FL 33594 US

Title: D () Change (X) Addition
Name: FLEXER, HEIDI K
Address: 7451 OAK TREE LANE
City-St-Zip: SPRING HILL, FL 34607 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN S. FLEXER

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date