

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18525

FILED  
Feb 17, 2010  
Secretary of State

Entity Name: DISABILITY SPECIALISTS, INC.

## Current Principal Place of Business:

20055 S.W. PACIFIC HWY  
SUITE 203  
SHERWOOD, OR 97140 US

## New Principal Place of Business:

## Current Mailing Address:

20055 S.W. PACIFIC HWY  
SUITE 203  
SHERWOOD, OR 97140 US

## New Mailing Address:

FEI Number: 93-0941219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS PETER M  
CORPORATE CONTINUITY INC  
390 N ORANGE AVE., STE 1575  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

INCORP, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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: LISA GRANSKIE

02/17/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVS  
Name: POLLOCK, WILLIAM L.  
Address: 20055 S.W. PACIFIC HWY, SUITE 203  
City-St-Zip: SHERWOOD, OR 97140

Title: TD  
Name: POLLOCK, WILLIAM L.  
Address: 20055 S.W. PACIFIC HWY SUITE 203  
City-St-Zip: SHERWOOD, OR 97140

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. POLLOCK

PVS

02/17/2010

Electronic Signature of Signing Officer or Director

Date