2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P94000025538

Entity Name: DISABILITY EXAMINERS OF AMERICA, INC.

Current Principal Place of Business:

1020 E. LAFAYETTE ST.
SUITE 108
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1020 E. LAFAYETTE ST.
SUITE 108
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3239857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELETKO, PAUL
1020 E. LAFAYETTE
SUITE 108
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: GELETKO, PAUL
Address: 1020 E. LAFAYETTE, SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete
Name: CATER, GARY
Address: 1318 N. MONROE STREET, #E
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: PATTERSON, TODD
Address: 1318 N. MONROE STREET, #E
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: CRONA, WILLIAM D
Address: 2727 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAUL GELETKO PD 04/15/2005

Electronic Signature of Signing Officer or Director — Date