

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038775

FILED  
Jul 28, 2008  
Secretary of State

Entity Name: ALTERNATIVES FOR THE DISABLED, INC.

## Current Principal Place of Business:

45167 FOURTH AVE.  
CALLAHAN, FL 320114665

## New Principal Place of Business:

44087 WOODSIDE LANE  
CALLAHAN, FL 320114665

## Current Mailing Address:

P.O. BOX 69  
CALLAHAN, FL 320110069

## New Mailing Address:

FEI Number: 59-3367541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEALL, DEBORAH H  
45167 FOURTH AVE  
CALLAHAN, FL 320114665 US

## Name and Address of New Registered Agent:

BEALL, DEBORAH H  
44087 WOODSIDE LANE  
CALLAHAN, FL 320114665 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:

07/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BEALL, DEBORAH H  
Address: 45167 FOURTH AVE  
City-St-Zip: CALLAHAN, FL 320114665

Title: DS ( ) Delete  
Name: BLAIR, THOMAS A  
Address: 54025 JEANNIE ROAD, P.O. BOX 1670  
City-St-Zip: CALLAHAN, FL 320111670

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: BEALL, DEBORAH H  
Address: 44087 WOODSIDE LANE  
City-St-Zip: CALLAHAN, FL 320114665

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

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH H. BEALL

MS.

07/28/2008

Electronic Signature of Signing Officer or Director

Date