2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000009800

Entity Name: SYDNEY'S ANGELS FOR AUTISM, INC.

Current Principal Place of Business:

6536 STONINGTON DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

6536 STONINGTON DRIVE
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 83-0409962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWENSON, JEFFREY T
3101 W MARTIN LUTHER KING BLVD STE #200
TAMPA, FL 33607 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

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MAURER, ANITA SANCHEZ
Address: 4518 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33611

Title: CMD ( ) Delete
Name: SWENSON, KATHY
Address: % 6536 STONINGTON DR
City-St-Zip: TAMPA, FL 33647

Title: DV ( ) Delete
Name: SWENSON, JEFFREY
Address: % 6536 STONINGTON DR
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: RAVA, JEN
Address: 9 DAHLIA CT N
City-St-Zip: HOMOSASSA, FL 32311

Title: D ( ) Delete
Name: MERENDA, MELISSA
Address: 5547 MASTERS BOULEVARD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: MAURER, ANITA SANCHEZ
Address: 4518 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33611

Title: CMD (X) Change ( ) Addition
Name: SWENSON, KATHY
Address: 6536 STONINGTON DR
City-St-Zip: TAMPA, FL 33647

Title: DV (X) Change ( ) Addition
Name: SWENSON, JEFFREY
Address: 6536 STONINGTON DR
City-St-Zip: TAMPA, FL 33647

Title: TD (X) Change ( ) Addition
Name: O,NEIL, THOMAS
Address: 205 W. BUSCH BLVD. SUITE #200
City-St-Zip: TAMPA, FL 33612

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

SIGNATURE: ANITA SANCHEZ-MAURER SD 04/23/2009

Electronic Signature of Signing Officer or Director — Date