

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 01, 2009  
Secretary of State**

DOCUMENT# N08000009632

Entity Name: ABA NETWORK EDUCATIONAL PROGRAM, INC.

**Current Principal Place of Business:**

5014 25TH STREET EAST  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

5014 25TH STREET EAST  
BRADENTON, FL 34203

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FRITZ, SHELLY  
5014 25TH STREET EAST  
BRADENTON, FL 34203 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRITZ, SHELLY  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

Title: MS. (X) Change ( ) Addition  
Name: FRITZ, SHELLY  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: BINDER-KATZ, ANNE  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

Title: MRS. (X) Change ( ) Addition  
Name: BINDER-KATZ, ANNE  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: FRITZ, BETTE  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

Title: MRS. (X) Change ( ) Addition  
Name: FRITZ, BETTE  
Address: 5014 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203

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: SHELLY FRITZ

MS.

07/01/2009

Electronic Signature of Signing Officer or Director

Date