

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006538

FILED
Apr 23, 2005
Secretary of State

Entity Name: THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

Current Principal Place of Business:

C/O JOHANNA S. KANDEL
P.O. BOX 13155
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

PO BOX 13155
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-1080905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKEL, GARY M ESQ.
GREENBERG TRAUIG, P.A.
777 S. FLAGLER DR, SUITE 300-EAST
WEST PALM BEACH, FL 33401 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: T/D () Delete
Name: PEREDO, JENNIFER R MISS
Address: 8630 OTTER CREEK COURT
City-St-Zip: ORLANDO, FL 32829 US

Title: P/D () Delete
Name: KANDEL, JOHANNA S MISS
Address: 5600 NORTH FLAGLER DRIVE #1108
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: V/D () Delete
Name: BELILTY, EDITH P MRS
Address: 2850 BIARRITZ DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: S/D () Delete
Name: PEREDO, MELISSA A MISS
Address: 8630 OTTER CREEK COURT
City-St-Zip: ORLANDO, FL 32829 US

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

SIGNATURE: JOHANNA S. KANDEL

P/D

04/23/2005

Electronic Signature of Signing Officer or Director

Date