

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2006
Secretary of State**

DOCUMENT# 752252

Entity Name: AUTISTIC CARE, INC.

Current Principal Place of Business:

830 LAKESIDE DRIVE
C/O LILLIAN CANTOR
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

830 LAKESIDE DRIVE
C/O LILLIAN CANTOR
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-2009006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIRNES, CHARLES W CPA
1973 PGA BLVD
SUITE C
PALM BEACH GARDENS, FL 33408 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: PTD () Delete
Name: CANTOR, LILLIAN
Address: 830 S LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: BLOCK, BEVERLY
Address: 14735 VALLEYHEART
City-St-Zip: SHERMAN OAKS, CA 91403

Title: D (X) Delete
Name: GRISWALD, BETTY
Address: PO BOX 869
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: WAGNER, JANET
Address: 4970 MISTY PINE TRAIL
City-St-Zip: LAKE WORTH, FL 33463

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 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: LILLIAN CANTOR

P

03/05/2006

Electronic Signature of Signing Officer or Director

_____ Date