

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755043

FILED
Apr 28, 2005
Secretary of State

Entity Name: AUTISTIC SERVICES, INC.

Current Principal Place of Business:

2814 SW 4TH STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

4673 BRADY BLVD
DELRAY BEACH, FL 33435

Current Mailing Address:

2814 SW 4TH STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

4673 BRADY BLVD
DELRAY BEACH, FL 33445

FEI Number: 59-2099391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, CLAUDIA
2814 SW 4TH STREET
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

GREENBERG, KAREN F
4673 BRADY BLVD
DELRAY BEACH, FL 33445 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: KAREN F GREENBERG

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: STINE, CLAUDIA
Address: 2814 S.W. 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD () Delete
Name: GROSS, SIOBHAN
Address: 1090 EGRET CIRCLE N
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: GITLITZ, DENA
Address: 140 BARBADOS DR
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: SHENDELL, BETSY P
Address: 15240 MEADOW WOOD DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BALLANCE, PETER
Address: 4206 CAESAR CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: SANTORA, STEPHANIE
Address: 1725 PALM COVE BLVD, APT. 305
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GREENBERG, KAREN
Address: 4673 BRADY BLVD
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: SD (X) Change () Addition
Name: STINE, CLAUDIA
Address: 2814 S.W. 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

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: KAREN F GREENBERG

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date