

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED  
May 23, 2006  
Secretary of State

**Entity Name:** TOURETTE SYNDROME ASSOCIATION, INC.

**Current Principal Place of Business:**

42-40 BELL BLVD.  
SUITE 205  
BAYSIDE, NY 11361

**New Principal Place of Business:**

**Current Mailing Address:**

42-40 BELL BLVD.  
SUITE 205  
BAYSIDE, NY 11361

**New Mailing Address:**

**FEI Number:** 23-7191992      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

CURRY, ELEANOR  
138 W. LEON LANE  
COCOA BEACH, FL 32931      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: CD      ( ) Delete  
Name: REDMAN, MONTE  
Address: 69 THIRD STREET  
City-St-Zip: GARDEN CITY, NY 11530

Title: VCD      ( ) Delete  
Name: MALLAH, DIANE  
Address: 479 GREENBRIAR CT  
City-St-Zip: NORTH HILLS, NY 11576

Title: SD      ( ) Delete  
Name: KRAMER, VIKTORIA  
Address: 4235 MARY ELLEN AVE, #106  
City-St-Zip: STUDIO CITY, CA 91604

Title: VCD      ( ) Delete  
Name: MOELIS, KENNETH  
Address: 1112 SCHUYLER RD  
City-St-Zip: BEVERLY HILLS, CA 90210

Title: VCD      ( ) Delete  
Name: SQUILLA, DENNIS  
Address: 282 ACKERTOWN RD  
City-St-Zip: CHESTNUT RIDGE, NY 10952

Title: TD      ( ) Delete  
Name: KANE, ALICE  
Address: THREE SELDEN LANE  
City-St-Zip: GREENWICH, CT 06831

**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:

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

Title: TD      (X) Change ( ) Addition  
Name: KANE, ALICE  
Address: 10011 NE 1ST ST, APT E910  
City-St-Zip: BELLEVUE, WA 98004

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: MONTE REDMAN

CD

05/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date