

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000898

FILED
Jan 09, 2007
Secretary of State

Entity Name: PRADER-WILLI SYNDROME ASSOCIATION (USA) INCORPORATED

Current Principal Place of Business:

5700 MIDNIGHT PASS RD., STE. 6
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS RD., STE. 6
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 41-1306908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, ANN
5700 MIDNIGHT PASS RD., STE. 6
SARASOTA, FL 34242 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: C BD () Delete
Name: HEARN, CAROL
Address: 705 OLIVE LANE N
City-St-Zip: PLYMOUTH, MN 554477

Title: PRES () Delete
Name: LOKER, CAROLYN
Address: 22873 CHERRY HILL COURT
City-St-Zip: MATTAWAN, MI 49071

Title: TREA () Delete
Name: GOLDBERGER, KAREN
Address: 6215 APPOMATTOX RD
City-St-Zip: DAVENPORT, IA 52806

Title: SEC () Delete
Name: DOHERTY, JULIE
Address: 3623 CRAIG'S HOUSE COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: SMITH, KEN
Address: 6301 NORTHUMBERLAND STREET
City-St-Zip: PITTSBURGH, PA 15217

Title: DIR () Delete
Name: AGARWAL, JANICE
Address: 1715 CONTINENTAL DRIVE
City-St-Zip: ZIONSVILLE, IN 46077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change () Addition
Name: GOLDBERGER, KAY
Address: 6215 APPOMATTOX RD
City-St-Zip: DAVENPORT, IA 52806

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

Title: VP (X) Change () Addition
Name: HEADLEY, KERRY
Address: 2112 JERVIS ROAD
City-St-Zip: UPPER ARLINGTON, OH 43221

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: KAY GOLDBERGER

TREA

01/09/2007

Electronic Signature of Signing Officer or Director

Date