2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000898

FILED Jan 08, 2008 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
5700 MIDNIGHT PASS RD., STE. 6 SARASOTA, FL 34242				8588 POTTER PARK DRIVE SUITE 500 SARASOTA, FL 34238			
Current Mailing Address:				New Mailing Address:			
5700 MIDNIGHT PASS RD., STE. 6 SARASOTA, FL 34242			S	8588 POTTER PARK DRIVE SUITE 500 SARASOTA, FL 34238			
FEI Number:	: 41-1306908	FEI Number Applied For ()	FEI Numb	er Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	N	Name and	Address o	of New Registered Agent:	
COYNE, ANN 5700 MIDNIGHT PASS RD., STE. 6 SARASOTA, FL 34242 US The above named entity submits this statement for the purpose o				COYNE, ANN 8588 POTTER PARK DRIVE SUITE 500 SARASOTA, FL 34238 US of changing its registered office or registered agent, or both,			
	e of Florida.						
SIGNATUF		onio Cianaturo of Dogistarad Aa	ont			01/08/2008 Date	
		onic Signature of Registered Ago					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	C BD (HEARN, CAR 705 OLIVE LA PLYMOUTH, I	NE N	N A	ītle: lame: \ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LOKER, CAR	RY HILL COURT	N A	itle: lame: ddress: city-St-Zip:	C BD KEN, SMITH 1405 SHAD' PITTSBURG		
Title: Name: Address: City-St-Zip:	TREA (GOLDBERGE 6215 APPOM DAVENPORT	ATTOX RD	۸ A	iitle: lame: lddress: city-St-Zip:	TREA STEPHEN, I 1630 PRINC CHERRY HI		
Title: Name: Address: City-St-Zip:	DOHERTY, JU 3623 CRAIG'S	S HOUSE COURT	N A	itle: lame: lddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HEADLEY, KE 2112 JERVIS		N A	itle: lame: ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address:	AGARWAL, J) Delete ANICE ENTAL DRIVE	N A	itle: lame: \ddress: \ity-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN LEIGHTMAN TREA 01/08/2008