

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003972

FILED
Jan 10, 2006
Secretary of State

Entity Name: PROVIDING AUTISM LINKS & SUPPORT, INC.

Current Principal Place of Business:

1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 01-0717788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYE, CHAD DR.
1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708 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: D () Delete
Name: SHULER, JAMES M JR
Address: 7548 MUNICIPAL DR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: SENNE, MARY D
Address: 233 SALVADOR SQUARE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: CHADNYE, WILLIAM D
Address: 1237 ROYAL OAK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: JASMUND, ELIZABETH
Address: 616 SEVILLE PL
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: SYCHTER SOULES, CELESTE
Address: 14546 POTANOW TR
City-St-Zip: ORLANDO, FL 32836

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: D (X) Change () Addition
Name: CHHAGANAL, KIRAN
Address: 355 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: CHAD WILLIAM NYE

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date