2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N03000000422

Entity Name: INTERNATIONAL AUTISM RESOURCE FOUNDATION, INC.

Current Principal Place of Business:

4890 SW 182ND TERRACE
FORT LAUDERDALE, FL 33166

New Principal Place of Business:

Current Mailing Address:

4890 SW 182ND TERRACE
FORT LAUDERDALE, FL 33166

New Mailing Address:

FEI Number: 65-1217998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NASSER, MONA
4890 SW 182ND TERRACE
FORT LAUDERDALE, FL 33166 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: DP ( ) Delete
Name: NASSER, MONA M
Address: 4890 SW 182ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33166

Title: DV ( ) Delete
Name: NASSER, MOUSTAFA H
Address: 4890 SW 182ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33166

Title: DT ( ) Delete
Name: BRAVO, LUISA M
Address: 13205 SW 137TH AVENUE SUITE 223
City-St-Zip: MIAMI, FL 33186

Title: DS ( ) Delete
Name: ALLI, FOUAD
Address: 1512 SPRING SIDE DRIVE
City-St-Zip: WESTON, FL 33326

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:

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: MONA NASSER DP 02/15/2005

Electronic Signature of Signing Officer or Director — Date