2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N03000004414

Entity Name: PALM BEACH SCHOOL FOR AUTISM, INC.

Current Principal Place of Business:

1199 WEST LANTANA ROAD
COTTAGE #16
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1199 WEST LANTANA ROAD
COTTAGE #16
LANTANA, FL 33462

New Mailing Address:

FEI Number: 05-0571797 **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:

LEGATO, LOUISA M
1199 WEST LANTANA ROAD
COTTAGE #16
LANTANA, FL 334621514 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:	PRES	( ) Delete
Name:	LEVENE, ANN T	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
Title:	DIRE	( ) Delete
Name:	LANDY, INA	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
Title:	DIRE	( ) Delete
Name:	COHEN, JONATHAN	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
Title:	SEC	( ) Delete
Name:	OSORIO, ANN MARIE	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
Title:	VP	( ) Delete
Name:	GABRIEL, RANDEE	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
Title:	DIRE	( ) Delete
Name:	HOWISON, CAROLE	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA,, FL 33462	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	OSORIO, ANN MARIE	
Address:	1199 WEST LANTANA ROAD, COTTAGE #16	
City-St-Zip:	LANTANA, FL 33462	
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 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: ANN T. LEVENE PRES 05/10/2007

Electronic Signature of Signing Officer or Director — Date