

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006174

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALTERNATIVE SOLUTIONS - THERAPY CENTER FOR CHILDREN WITH AUTISM, INC.

Current Principal Place of Business:

6901 59TH WAY NORTH
PINELLAS PARK, FL 338715457

New Principal Place of Business:

3165 MCMULLEN BOOTH ROAD
C-1
CLEARWATER, FL 33761

Current Mailing Address:

P.O. BOX 465
PINELLAS PARK, FL 337800465

New Mailing Address:

3165 MCMULLEN BOOTH ROAD
C-1
CLEARWATER, FL 33761

FEI Number: 51-0475107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, LISA MARIE
6901 59TH WAY NORTH
PINELLAS PARK, FL 338715457 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: SCOTT, LISA MARIE
Address: 6901 59TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 337815457

Title: D () Delete
Name: LYNN FINER, STEPHANIE
Address: 2394 HOUNDS TRAIL
City-St-Zip: PALM HARBOR, FL 346832460

Title: D () Delete
Name: REDDING, MARIE LOUISE
Address: 290 JEAN STREET
City-St-Zip: PALM HARBOR, FL 34683

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:

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: LISA SCOTT

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date