

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008793

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** AMERICAN ALLIANCE FOR PEOPLE WITH DISABILITIES, INC.

**Current Principal Place of Business:**

7787 VILLA NOVA DR  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7787 VILLA NOVA DR  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 05-9326311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, STAN  
7787 VILLA NOVA DR  
BOCA RATON, FL 33433 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: DT ( ) Delete  
Name: NEWMAN, STAN  
Address: 7787 VILLA NOVA DR  
City-St-Zip: BOCA RATON, FL 33433

Title: DT ( ) Delete  
Name: LEITNER, CRAIG  
Address: 22849 ROYAL CROWN TER  
City-St-Zip: BOCA RATON, FL 33433

Title: DT ( ) Delete  
Name: THORNTON, ROLAND  
Address: 7468 CHAMPAGNE PL  
City-St-Zip: BOCA RATON, FL 33433

**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 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: STANLEY NEWMAN

MR.

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date