

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008793

FILED  
Jan 03, 2007  
Secretary of State

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

**Current Principal Place of Business:**

370 CAMINO GARDENS BLVD  
SUITE 344  
BOCA RATON, FL 33432

**New Principal Place of Business:**

370 W.CAMINO GARDENS BLVD  
SUITE 100  
BOCA RATON, FL 33432

**Current Mailing Address:**

370 CAMINO GARDENS BLVD.  
SUITE 344  
BOCA RATON, FL 33432

**New Mailing Address:**

370 W.CAMINO GARDENS BLVD.  
SUITE 100  
BOCA RATON, FL 33432

FEI Number: 42-1609893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, STANLEY  
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, STANLEY  
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: MARKISOHN, JAMES  
Address: 5297 E. NICHOLS DRIVE  
City-St-Zip: CENTENIAL, CO 80122

**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: STANLEY NEWMAN

ED

01/03/2007

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

\_\_\_\_\_  
Date