


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009804</b> 1. Entity Name <b>AUTISM &amp; RELATED DISABILITIES GYM PROGRAM, INC.</b>	
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Principal Place of Business <b>1054 ORANGE WHARF CT WINTER GARDEN, FL 34787 US</b>	Mailing Address <b>1054 ORANGE WHARF CT WINTER GARDEN, FL 34787 US</b>
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01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1899940</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HOUWERS, JO-ANNE 1054 ORANGE WHARF CT WINTER GARDEN, FL 34787</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, EVELYN 3155 RIDER PLACE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUWERS, JOSEPH 1054 ORANGE WHARF CT. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, EVELYN 3155 RIDER PLACE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NACHTSIEM, THERESA 610 E LAKESHORE DR OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONDELLO, VINCE 6752 SAWMILL RD OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000777323 01/10/08-80003-013 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/8/08 407-234-7456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #