

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003479

FILED
Mar 10, 2008
Secretary of State

Entity Name: REVOLUTION AUTISM, INC.

Current Principal Place of Business:

1016 IONE DRIVE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

1016 IONE DRIVE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-4594928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENFELD, LOWELL S
1380 ROYAL PLAM SQUARE BLVD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SCHOENFELD, LOWELL S
1380 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 US

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: LOWELL S. SCHOENFELD

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHOENFELD, MICHELLE
Address: 1016 IONE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: DVT () Delete
Name: SCHOENFELD, LOWELL S
Address: 1016 IONE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: DS () Delete
Name: KOEHLER, PENNIE A
Address: 9353 GARDEN POINTE COURT
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHOENFELD, MIRIAM
Address: 1016 IONE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: LOSIER, AMY
Address: 1111 NE 39TH STREET
City-St-Zip: CAPE CORAL, FL 33909 US

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: MIRIAM SCHOENFELD

DP

03/10/2008

Electronic Signature of Signing Officer or Director

Date