

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003389

FILED
May 01, 2009
Secretary of State

Entity Name: FIGHT DYSAUTONOMIA, INC.

Current Principal Place of Business:

11643 MAGNOLIA ESTATES RD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 23145
JACKSONVILLE, FL 322413145

New Mailing Address:

FEI Number: 20-8801555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MALLOW, SONDRAM
11643 MAGNOLIA ESTATES RD.
JACKSONVILLE, FL 32223 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MALLOW, SONDRAM
Address: 11643 MAGNOLIA ESTATES RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MALLOW, EDWARD S
Address: 11643 MAGNOLIA ESTATES RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: GOODFARB, SHERRY
Address: 8561 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32217

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 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: SONDRAMALLOW

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date