2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N07000007634

Entity Name: THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF ATTACHMENT, INC.

Current Principal Place of Business:

9481 SW 147TH STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9481 SW 147TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-0680687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CRITTENDEN, PATRICIA M
9481 SW 147TH STREET
MIAMI, FL 33176 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:	DP	( ) Delete
Name:	CRITTENDEN, PATRICIA M	
Address:	9481 SW 147TH STREET	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	BLOWS, MICHAEL MD	
Address:	9481 SW 147TH STREET	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	KOZLOWSKA, KASIA M D	
Address:	11/15-29 MILLEWA AVE WAHROONGA NSW 2076	
City-St-Zip:	AUSTRALIA,	
Title:	DVP	( ) Delete
Name:	LANDINE, ANDREA MD	
Address:	VIA TERRACHINI 14 42100 REGGIO EMILIA	
City-St-Zip:	ITALY,	
Title:	DT	( ) Delete
Name:	NICKEL, IRMGARD	
Address:	601 AULNEAU STREET WINNIPEG	
City-St-Zip:	MANITOBA, CANADA, R2H2V5	
Title:	DS	( ) Delete
Name:	NILSEN, BENTEN	
Address:	463 BONNER AVE WINNIPEG	
City-St-Zip:	MANITOBA, CANADA, R2 G1B4	

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:	
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: IRMGARD NICKEL DT 05/21/2008
Electronic Signature of Signing Officer or Director — Date