2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# N08000006725

Entity Name: AUTISM AND SPECIAL NEEDS CHILDREN'S WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

4699 N FEDERAL HWY
208K
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4699 N FEDERAL HWY
208K
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 26-3002426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSTELNIK, YOMIN
4400 SAMPLE RD
114
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

POSTELNIK, YOMIN
4699 N FEDERAL HWY
208K
LIGHTHOUSE POINT, FL 33064 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: YOMIN POSTELNIK 01/13/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C
Name: POSTELNIK, YOMIN
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S
Name: POSTELNIK, FERN
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: YOMIN POSTELNIK C 01/13/2010
Electronic Signature of Signing Officer or Director Date