

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 29, 2010  
Secretary of State**

DOCUMENT# N09000002178

Entity Name: AUTISM ASSISTANCE FOUNDATION, INC.

**Current Principal Place of Business:**2316 PINE RIDGE ROAD  
#369  
NAPLES, FL 34109 US**New Principal Place of Business:**13650 FIDDLESTICKS BLVD  
STE. 202-216  
FORT MYERS, FL 33912 US**Current Mailing Address:**2316 PINE RIDGE ROAD  
#369  
NAPLES, FL 34109 US**New Mailing Address:**13650 FIDDLESTICKS BLVD.  
STE. 202-216  
FORT MYERS, FL 33912 US

FEI Number: 26-4403242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**FALANGA, HEIDI  
2316 PINE RIDGE ROAD  
#369  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**UMPHRIES, DEBORAH  
13650 FIDDLESTICKS BLVD.  
STE. 202-216  
FORT MYERS, FL 33912 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: DEBORAH UMPHRIES

07/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P  
Name: UMPHRIES, DEBORAH  
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216  
City-St-Zip: FORT MYERS, FL 33912 USTitle: VP  
Name: STACY, STACY  
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216  
City-St-Zip: FORT MYERS, FL 33912 USTitle: AVP  
Name: FALANGA, HEIDI  
Address: 2316 PINE RIDGE RD., #369  
City-St-Zip: NAPLES, FL 34109 US

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: DEBORAH UMPHRIES

P

07/29/2010

Electronic Signature of Signing Officer or Director

Date