

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2010
Secretary of State

DOCUMENT# N09000002178

Entity Name: AUTISM ASSISTANCE FOUNDATION, INC.**Current Principal Place of Business:**13650 FIDDLESTICKS BLVD
STE. 202-216
FORT MYERS, FL 33912 US**New Principal Place of Business:****Current Mailing Address:**13650 FIDDLESTICKS BLVD.
STE. 202-216
FORT MYERS, FL 33912 US**New Mailing Address:****FEI Number:** 26-4403242**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UMPHRIES, DEBORAH
13650 FIDDLESTICKS BLVD.
STE. 202-216
FORT MYERS, FL 33912 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: P
Name: UMPHRIES, DEBORAH
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP
Name: STACY, STACY
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216
City-St-Zip: FORT MYERS, FL 33912 US

Title: AVP
Name: FALANGA, HEIDI
Address: 2316 PINE RIDGE RD., #369
City-St-Zip: NAPLES, FL 34109 US

Title: AVP
Name: BOYD, SHARON
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216
City-St-Zip: FORT MYERS, FL 33912 US

Title: AVP
Name: JEPSON, CORI
Address: 13650 FIDDLESTICKS BLVD., SUITE 202-216
City-St-Zip: FORT MYERS, FL 33912 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

09/19/2010

Electronic Signature of Signing Officer or Director

Date