

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002245

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** PEOPLE LIVING WITH AUTOIMMUNE DISEASES, INC.

**Current Principal Place of Business:**

4507 S HESPERIDES ST  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4507 S HESPERIDES ST  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 26-4420680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD SUITE A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

DILEONARDO, ANGELA  
4507 S HESPERIDES ST  
TAMPA, FL 33611 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: ANGELA DILEONARDO

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DILEONARDO, ANGELA  
Address: 4507 S HESPERIDES ST  
City-St-Zip: TAMPA, FL 33611

Title: T  
Name: DILEONARDO, VINCENT C  
Address: 4507 S HESPERIDES ST  
City-St-Zip: TAMPA, FL 33611

Title: S  
Name: WEIDT, LOUIS F JR  
Address: 4333 BAYSIDE VILLAGE DRIVE UNIT 322  
City-St-Zip: TAMPA, FL 33615

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: ANGELA DILEONARDO

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date