2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N09000002245

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:

DILEONARDO, ANGELA
4507 S HESPERIDES ST
TAMPA, FL 33611 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: 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 04/29/2011

Electronic Signature of Signing Officer or Director — Date