

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007605

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** ROCK IT FOR AUTISM INC.

**Current Principal Place of Business:**

3508 WEST AZEELE ST APT 120  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3508 WEST AZEELE ST APT 120  
TAMPA, FL 33609

**New Mailing Address:**

3506 WEST AZEELE ST APT 120  
TAMPA, FL 33609

**FEI Number:** 45-2957338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PICKERING, MONIKA  
3508 WEST AZEELE ST APT 120  
TAMPA, FL 33609 US

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

PICKERING, MONIKA  
3506 WEST AZEELE ST APT 120  
TAMPA, FL 33609 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: MONIKA PICKERING

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PICKERING, MONIKA  
Address: 3506 WEST AZEELE ST APT 120  
City-St-Zip: TAMPA, FL 33609

Title: SD  
Name: BOSCO, BRIAN  
Address: 3506 WEST AZEELE ST APT 120  
City-St-Zip: TAMPA, FL 33609

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: MONIKA PICKERING

PD

01/18/2012

Electronic Signature of Signing Officer or Director

Date