

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45512

FILED  
Mar 24, 2005  
Secretary of State

Entity Name: NO-ABUSE, INC.

## Current Principal Place of Business:

706 E COLONIAL DR  
ORLANDO, FL 32803 US

## New Principal Place of Business:

1612 E COLONIAL DR  
SUITE 10  
ORLANDO, FL 32803 US

## Current Mailing Address:

706 E COLONIAL DR  
ORLANDO, FL 32803 US

## New Mailing Address:

1612 E COLONIAL DR  
SUITE 10  
ORLANDO, FL 32803 US

FEI Number: 59-3089562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASIL, PAULA  
706 E COLONIAL DR  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

BASIL, PAULA  
1612 E COLONIAL DR  
SUITE 10  
ORLANDO, FL 32803 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:

03/24/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BASIL, PAULA  
Address: 706 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: VPDT ( ) Delete  
Name: PASTOREK, JOYCE  
Address: 706 E. COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: DRISCOLL, ROBERTA  
Address: 706 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BASIL, PAULA  
Address: 1612 E. COLONIAL DR. SUITE 10  
City-St-Zip: ORLANDO, FL 32803

Title: VPDT (X) Change ( ) Addition  
Name: PASTOREK, JOYCE  
Address: 1612 E. COLONIAL DR SUITE 10  
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition  
Name: DRISCOLL, ROBERTA  
Address: 1612 E. COLONIAL DR. SUITE 10  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAULA BASIL

PD

03/24/2005

Electronic Signature of Signing Officer or Director

Date