2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45512

Entity Name: NO-ABUSE, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1612 E COLONIAL DR 550 BUMBY AVE. SUITE 105 SUITE 10

ORLANDO, FL 32803 US ORLANDO, FL 32803 US

New Mailing Address: **Current Mailing Address:**

1612 E COLONIAL DR 550 BUMBY AVE. SUITE 105

SUITE 10 ORLANDO, FL 32803 US 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: Name and Address of New Registered Agent:

BASIL, PAULA BASIL, PAULA 1612 É COLONIAL DR 550 BÚMBY AVE. SUITE 10 SUITE 105

ORLANDO, FL 32803 US 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: 01/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BASIL, PAULA BASIL, PAULA Name: Name:

1612 E. COLONIAL DR. SUITE 10 Address: 550 BUMBY AVE. SUITE 105 Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 US

Title: **VPDT** () Delete Title: **VPDT** (X) Change () Addition Name:

PASTOREK, JOYCE Name: PASTOREK, JOYCE Address: 1612 E. COLONIAL DR SUITE 10 Address: 550 BUMBY AVE. SUITE 500 City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 US

Title: () Delete Title: (X) Change () Addition DRISCOLL, ROBERTA Name: DRISCOLL, ROBERTA DR. Name: 1612 E. COLONIAL DR. SUITE 10 550 BUMBY AVE. SUITE 105 Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/17/2006