2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90095 010 ****70.00

DOCUMENT # N49092

1. Entity Name
PRADER-WILLI FLORIDA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
694 SE ASHLEY OAKS WAY STUART, FL 34997 US	P.O. BOX 88 PORT SALERNO, FL 34992 US

01262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1580 NW 97th Ave	1580 NW 97th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL SPRINGS FL	
City & State	City & State
33071	CORAL SPRINGS FL
Zip / Country	Zip 33071 / Country USA

4. FEI Number 59-3128537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STALLINGS, DEBBIE 694 SE ASHLEY OAKS WAY STUART, FL 34997	Name: Desiree Guiliano Street Address (P.O. Box Number is Not Acceptable): 1580 NW 97th Avenue City: CORAL SPRINGS FL Zip Code: 33071

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Desiree Guiliano Desiree Guiliano 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURNIEWICZ, HANK 1928 AYRSHIER PL OCALA, FL 32765	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHELLE TURBERT 17777 SW 285th St. Homestead FL 33030	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURNIEWICZ, MARY BETH 1928 AYRSHIER PL OCALA, FL 32765	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COV MARIA SANCHEZ 16199 SW 54th Ct. MIRAMAR FL 33027	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODMAN, MARION 1760 GEORGIA AVE NE ST PETERSBURG, FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COV MIGUEL SANCHEZ 16199 SW 54th Ct. MIRAMAR, FL 33027	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COP STALLINGS, DEBBIE 694 SE ASHLEY OAKS WAY STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAURA DUNN 1593 FLAMINGO Ct HOMESTEAD FL 33035	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COP STALLINGS, JOHN 694 SE ASHLEY OAKS WAY STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D DesireeGuiliano 1580 NW 97th Ave CORAL SPRINGS FL 33071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD KRAUER, DAN 2246 NE 19TH CT JENSEN BCH, FL 34957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD JOHN STALLINGS 694 SE ASHLEY OAKS WAY STUART, FL 34997	☑ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Desiree Guiliano Desiree Guiliano 4/30/07 954-753-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #