2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004032

FILED Jan 22, 2007 Secretary of State

Entity Name: RETARDED ADULTS IN NEED BRIGHTEN OUR WORLD, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3200 SW 1 DAVIE, FL	16TH AVE. 33330				
Current Mailing Address:			New Mailir	New Mailing Address:	
3200 SW 1 DAVIE, FL	16TH AVE. 33330				
FEI Number:	65-0615686	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
SUITE B-10 LAUDERH	IIVERSITY DRI 04 ILL, FL 33351	US			
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CAPRIO, TERES 3200 SW 116TH DAVIE, FL 3333	IAVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BRAYTENBAH, 4 112 IRON HILL I NEW BRITAIN, F	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BRAYTENBAH, I 112 IRON HILL I NEW BRITAIN, I	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CAPRIO, KATHE 568 GORDON C KEY LARGO, FL	IRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () CAPRIO, SAMAI 3200 N 68TH AV DAVIE, FL 3333	Œ	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition CAPRIO NEGRET, SAMANTHA 3200 NE 116TH AVE DAVIE, FL 33330	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GORDON, SCOTT 3921 SW 47TH AVE #1017 DAVIE, FL 33314	

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: TERESA L CAPRIO P 01/22/2007