

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006811**

1. Entity Name  
PARENTS PLANNING PROGRAMS FOR THE  
DEVELOPMENTALLY DISABLED OF FLORIDA, INC.



Principal Place of Business  
356 LAS OLAS DRIVE  
MELBOURNE BEACH, FL 32951

Mailing Address  
356 LAS OLAS DRIVE  
MELBOURNE BEACH, FL 32951



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number  
59-3573781

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLAUSMAN, LILA A  
356 LAS OLAS DRIVE  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ DATE: 02/07/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KLAUSMAN, ANDREW G<br>512 HIBISCUS TRAIL<br>MELBOURNE BEACH, FL 32951          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>AMALFITANO, EUGENIE A S/D<br>705 RIVERSIDE DRIVE<br>MELBOURNE BEACH, FL 32951 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>KLAUSMAN, LILA A P<br>356 LAS OLAS DRIVE<br>MELBOURNE BEACH, FL 32951         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>KLAUSMAN, EUGENE F T/D<br>356 LAS OLAS DRIVE<br>MELBOURNE BEACH, FL 32951     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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: Eugene F Klausman DATE: 1/27/2006 DAYPHONE: 321 724-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #