## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012065

Entity Name: SMALL STEPS PEDIATRIC THERAPY, INC.

FILED May 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1200 N CENTRAL AVE STE 102 1318 WEST OAK STREET KISSIMMEE, FL 34741

SUITE 1

KISSIMMEE, FL 34741

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

1200 N CENTRAL AVE STE 102 1318 WEST OAK STREET KISSIMMEE, FL 34741 SUITE 1

KISSIMMEE, FL 34741

FEI Number: 03-0385357 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:

AYALA, INDIRA AYALA, INDIRA 1200 N. CENTRAL AVE. 1318 WEST OAK STREET # 102 SUITE 1 KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 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: 05/22/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

AYALA, INDIRA AYALA, INDIRA Name: Name:

1200 N. CENTRAL AVE. STE. 102 Address: 1318 WEST OAK STREET SUITE 1 Address:

City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: KISSIMMEE, FL 34741 US

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

Name: AYALA, MARIANO Name: AYALA, MARIANO

1200 N. CENTRAL AVE. STE. 102 Address: 1318 WEST OAK STREET SUITE 1 Address: KISSIMMEE,, FL 34741 US KISSIMMEE,, FL 34741 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: INDIRA AYALA 05/22/2006