2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000055131

Entity Name: WORK OF AUTISM, INC.

Current Principal Place of Business:

212 JONES CREEK DR
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

212 JONES CREEK DR
JUPITER, FL 33458

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAMONE, LENA
212 JONES CREEK DR
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: COLLARD, ELLEN L
Address: 17611 123 RD TERR N
City-St-Zip: JUPITER, FL 33478 US

Title: VP ( ) Change (X) Addition
Name: OWEN, KELLY
Address: 806 FABER DR
City-St-Zip: ORLANDO, FL 32822 US

Title: SEC ( ) Change (X) Addition
Name: MAMONE, ANITA
Address: 806 FABER DR
City-St-Zip: ORLANDO, FL 32822 US

Title: TRES ( ) Change (X) Addition
Name: MAMONE, LENA
Address: 212 JONES CREEK DR
City-St-Zip: JUPTER, FL 33458 US

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

SIGNATURE: LENA MAMONE TRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date