

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093585

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AUTISM HOME SUPPORT INC.

**Current Principal Place of Business:**

10611 NW 43RD COURT  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

9964 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

10611 NW 43RD COURT  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

9964 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 US

FEI Number: 20-5394161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEASURE- MAGLY, JENNIFER  
10611 NW 43 CT  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

LEASURE- MAGLY, JENNIFER  
9964 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: LEASURE-MAGLY, JENNIFER  
Address: 9964 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER LEASURE-MAGLY

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date