

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053334

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** DEVELOPMENTAL DISABILITIES & BEHAVIOR MODIFICATION SERVICES INC.

**Current Principal Place of Business:**

345 NW 194 TER  
MIAMI, FL 33169

**New Principal Place of Business:**

9410 POINCIANA PLACE  
UNIT 306  
DAVIE, FL 33324

**Current Mailing Address:**

345 NW 194 TER  
MIAMI, FL 33169

**New Mailing Address:**

9410 POINCIANA PLACE  
UNIT 306  
DAVIE, FL 33324

**FEI Number:** 77-0685801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VOLTAIRE, MICHAEL  
345 NW 194 TER  
MIAMI, FL 33169 US

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

VOLTAIRE, MICHAEL  
9410 POINCIANA PLACE  
UNIT 306  
DAVIE, FL 33324 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:

04/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: VOLTAIRE, MICHAEL  
Address: 345 NW 194 TER  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: VOLTAIRE, MICHAEL  
Address: 9410 POINCIANA PLACE UNIT 306  
City-St-Zip: DAVIE, FL 33324

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: MICHAEL VOLTAIRE

P/D

04/21/2009

Electronic Signature of Signing Officer or Director

Date