

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026067

FILED
Jan 19, 2009
Secretary of State

Entity Name: ALLIANCE FOR THE DEVELOPMENTALLY DISABLED, INC

Current Principal Place of Business:

2500 EAST HALLANDALE
SUITE 800
HALLANDALE BEACH BLVD., FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 EAST HALLANDALE
SUITE 800
HALLANDALE BEACH BLVD., FL 33009

New Mailing Address:

FEI Number: 26-3450303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, NAYZA
6391 JACK RABBIT LANE
MIAMI LAKES, FL 33014 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: P () Delete
Name: OLIVA, DAMARIS
Address: 1840 WEST 49TH STREET,SUITE 220/4
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: GONZALEZ, EDWIN
Address: 2500 EAST HALLANDALE BEACH, SUITE 800
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP () Delete
Name: HERNANDEZ, NAYZA
Address: 6391 JACK RABBIT LANE
City-St-Zip: MIAMI LAKE, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWIN GONZALEZ

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date