

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099854

**FILED**  
**Aug 25, 2011**  
**Secretary of State**

**Entity Name:** AUTISM COMMUNITY MAGAZINE INC

**Current Principal Place of Business:**

1991 NE 32 ND CT  
#42  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

1991 NE 32 ND CT  
#42  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 27-4267279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARP, KAREN  
1991 NE 32ND CT  
#42  
LIGHTHOUSE POINT, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KARP, KAREN  
Address: 1991 NE 32ND CT #42  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: KAREN KARP

MRS

08/25/2011

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

\_\_\_\_\_  
Date