

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088824

Entity Name: A B A THERAPY, INC.

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

12801 NIGHTSHADE PLACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

12801 NIGHTSHADE PLACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 27-1216010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORMIER, KYLA
12801 NIGHTSHADE PLACE
BRADENTON, FL 34202 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: CORMIER, KYLA
Address: 12801 NIGHTSHADE PLACE
City-St-Zip: BRADENTON, FL 34202

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: KYLA CORMIER

_____ Electronic Signature of Signing Officer or Director

MMBR

04/20/2011

_____ Date