

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515187
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1.) CORPORATION NAME: OBX Autism Behavior Therapy, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BEACH ACCOUNTING & TAX SERVICE, INC. 870 N. MILITARY HWY NORFOLK, VA	DUE DATE: 3/31/2014 SCC ID NO: 07621048 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 102 Doxey Creek Road CITY/ST/ZIP: Currituck , NC 27929

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LORENA DECKER TITLE: DIRECTOR ADDRESS: 102 DOXEY CREEK RD CITY/ST/ZIP/CO: CURRITUCK, NC 27929	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: Lorena Decker TITLE: PRESIDENT ADDRESS: 102 Doxey Creek Road CITY/ST/ZIP/CO: Currituck, NC 27929	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LORENA DECKER	LORENA DECKER, DIRECTOR	3/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.