# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N08526

1. Entity Name
COUNSELING AND EVALUATION CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7800 SW 57 AVENUE<br>SUITE 227<br>MIAMI, FL 33143 US | 7800 SW 57 AVENUE<br>SUITE 227<br>MIAMI, FL 33143 US |

02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2604296
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, MICHAEL
7800 SW 57 AVENUE
SUITE 227
MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael E. Hendrickson 2/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | HENDRICKSON, MICHAEL |
| STREET ADDRESS | 7800 SW 57 AVENUE, SUITE 227 |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | VD |
| NAME | EVANS, ROBERT |
| STREET ADDRESS | 7949 SW 104 ST #D113 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | STD |
| NAME | REYNOLDS, DWIGHT |
| STREET ADDRESS | 9150 SW 87 AVE SUITE 102 |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/04/06-80053-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael E. Hendrickson Michael Hendrickson, PD 2/14/06 305-668-5068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #