


FILED
Jan 29, 2004 08:00 AM
Secretary of State

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N21402 1. Entity Name THE AMERICAN PSYCHOLOGICAL PRACTITIONERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 1585 CAPE CANAVERAL, FL 32920	Mailing Address P.O. BOX 1585 CAPE CANAVERAL, FL 32920
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 10-1223942	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PORTE, ROBERT, S, PHD 777 S STATE RD 7 SUITE B MARGATE, FL 33068	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000021265 01/29/04-80100-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GRADY, J.T.
STREET ADDRESS	110 POLK AVENUE
CITY-ST- ZIP	CAPE CANAVERAL, FL
TITLE	TSD
NAME	PORTE, R.
STREET ADDRESS	777 S. STATE RD. 7 STE B
CITY-ST- ZIP	MARGATE, FL
TITLE	VD
NAME	MOLLOY, R G
STREET ADDRESS	2907 JEFFERSON STREET
CITY-ST- ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other I/Os empowered.

SIGNATURE: *John T. Grady* **John T. GRADY** 26 TALL D H 5212228021