


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000086606
 1. Entity Name
ASSOCIATES FOR PSYCHOLOGICAL GROWTH, INC.



Principal Place of Business Mailing Address
6499 POWERLINE ROAD #209 **6499 POWERLINE ROAD #209**
FORT LAUDERDALE, FL 33309 **FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-1038581 Not Applicable

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

6. Name and Address of Current Registered Agent
BERNSTEIN, SANDY
6499 POWERLINE ROAD #209
FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000534490
 05/08/06-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNSTEIN, SANDY
STREET ADDRESS	6499 POWERLINE ROAD #209
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	STROM, JANON
STREET ADDRESS	6499 POWERLINE ROAD #209
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	HALL, BETH
STREET ADDRESS	6499 POWERLINE ROAD #209
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
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 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 607, 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 like empowered.

SIGNATURE: Sandy Bernstein, Ph.D. (Sandy Bernstein, Ph.D.) Date: 4/17/06 Daytime Phone #: 954 772 6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR