


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P00000086606

1. Entity Name
 ASSOCIATES FOR PSYCHOLOGICAL GROWTH, INC.



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

Mailing Address
 6499 POWERLINE ROAD #209
 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1038581

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000896968
 04/25/08-80030-003 150.00

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* 4/10/08 954 7226677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #