2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079930

Jan 16, 2007 Secretary of State

FILED

Entity Name: JENNINGS' APPLIED BEHAVIOR & COGNITIVE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: PROFESSIONAL CENTER PROFESSIONAL CENTER 1275 SOUTH PATRICK DR, SUITE-D 1275 SOUTH PATRICK DR, SUITE-C SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 **Current Mailing Address:** New Mailing Address: PROFESSIONAL CENTER PROFESSIONAL CENTER 1275 SOUTH PATRICK DR, SUITE-D 1275 SOUTH PATRICK DR, SUITE-C SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 FEI Number: 13-4280729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENNINGS, SUSAN M ED.D. 215 VILLA DEL MAR WAY SATELLITE BEACH, FL 32937 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JENNINGS, SUSAN M ED.D. Name: Name: 215 VILLA DEL MAR WAY Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN JENNINGS, ED.D. P 01/16/2007