

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90092 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
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| <b>DOCUMENT # P05000020476</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
| <b>1. Entity Name</b><br>JEANNIE SAROS COUNSELING, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
| <b>Principal Place of Business</b><br>100 E LINTON BLVD<br>SUITE 149A<br>DELRAY BEACH, FL 33483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                                   | <b>Mailing Address</b><br>100 E LINTON BLVD<br>SUITE 149A<br>DELRAY BEACH, FL 33483   |                                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <b>3. Mailing Address</b>                                                                         |                                                                                       |                                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | Suite, Apt. #, etc.                                                                               |                                                                                       |                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | City & State                                                                                      |                                                                                       |                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                  | Zip                                                                                               | Country                                                                               | 01252007    Chg-P    CR2E034 (12/06)                                                              |  |
| <b>4. FEI Number</b><br>20-2306138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                   |                                                                                       | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                                   |                                                                                       | <b>\$8.75 Additional Fee Required</b>                                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                                    |                                                                                                   |  |
| MICHAEL J MCGOEY CPA INC<br>639 EAST OCEAN AVE<br>SUITE 101<br>BOYNTON BEACH, FL 33435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                       | Trust Fund Contribution.                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                          |                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>SAROS, ELIZABETH J<br>100 E LINTON BLVD<br>BOYNTON BEACH, FL 33435 |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>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.</b> |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                                                                   |                                                                                       |                                                                                                   |  |