## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000062298

Entity Name: D&D PSYCH.. INC

City-St-Zip: PEMBROKE PINES, FL 33029

FILED Apr 08, 2006 Secretary of State

Littly Na	ille. Dad For	OFT., INC.			
Current Principal Place of Business:			New Principal Place of Business:		
5900 SW : MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5900 SW : MIAMI, FL					
FEI Number	: 20-2751454	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
ARREAZA 5900 SW : MIAMI, FL					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD ( ARREAZA, MA 5900 SW 56 TI MIAMI, FL 331	≣R	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VPSD ( RAURELL, GAI 17513 NW 10		Title: Name: Address:	( ) Change ( ) Addition	

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: MARISELLA ARREAZA P 04/08/2006