

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037503

FILED
Apr 26, 2007
Secretary of State

Entity Name: B-SQUARED EDUCATIONAL THERAPY, INC.

Current Principal Place of Business:

3040 NE 190 ST
212
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3040 NE 190 ST
212
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERNIKOS, BESSIE
3040 NE 190 ST
212
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Title: DIR () Delete
Name: DERNIKOS, BESSIE
Address: 3040 NE 190 ST #212
City-St-Zip: AVENTURA, FL 33180 US

Title: DIR () Delete
Name: SENKER, BIANCA
Address: 725 93 ST
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BESSIE DERNIKOS

DIR

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date