


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 031 \*\*\*158.75

<b>DOCUMENT # P94000088782</b>			
1. Entity Name <b>INTERNATIONAL ASSOCIATION OF COUNSELORS &amp; THERAPISTS, INC.</b>			
Principal Place of Business <b>10915 BONITA BEACH RD. S.E. #1101 BONITA SPRINGS, FL 34135</b>		Mailing Address <b>10915 BONITA BEACH RD. S.E. #1101 BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business - No P.O. Box # <b>RR 2 Box 2468</b>		3. Mailing Address <b>RR 2 Box 2468</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LACEVILLE PA</b>		City & State <b>LACEVILLE PA</b>	
Zip <b>18623</b>	Country <b>USA</b>	Zip <b>18623</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LAVELLE, JILL R 10915 BONITA BEACH RD. S.E. #1101 BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAVELLE, JILL R 10915 BONITA BEACH RD. S.E. #1101 BONITA SPRINGS, FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-D ROBERT OTTO RR-2 Box 2468 LACEVILLE PA 18623</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
49 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 I had, under oath, that I am an officer or director of the corporation or the LLC 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: <b>Robert Otto</b>		Date: <b>3/26/07</b> Daytime Phone #: <b>570 869-1021</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03222007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0559423** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required