2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90045 041 ***150.00

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1. Entity Name
CHILDREN'S THERAPY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3620 MANATEE AVE W SUITE A BRADENTON, FL 34205	3620 MANATEE AVE W SUITE A BRADENTON, FL 34205

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2620 Manatee AveW	422 26th Street W
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite 201
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34205 Country: Manatee	Zip: 34205 Country: Manatee

4. FEI Number: 59-3473792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOULANGER, DONALD 3620 MANATEE AVE W SUITE A BRADENTON, FL 34205	Name: Boulanger, Donald Street Address (P.O. Box Number is Not Acceptable): 422 26th Street W Suite 201 City: Bradenton FL Zip Code: 34205

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: [signature] Don Boulanger President co-owner 01-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P DONALD BOULANGER 3620 MANATEE AVE W STE A BRADENTON, FL 34205	☐ Delete	P Donald Boulanger 422 26th St W, Suite 201 Bradenton, FL 34205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAYLOR, SUE 3620 MANATEE AVE W STE A BRADENTON, FL 34205	☐ Delete	VP Taylor, Sue 422 26th St W, Suite 201 Bradenton, FL 34205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] 01/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #