

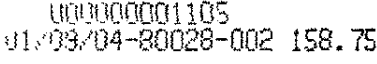


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|--|--|
| DOCUMENT # 522243 1. Entity Name FAMILY GROWTH CENTER, INC. | |  | |
| Principal Place of Business 10135 VESTAL COURT CORAL SPRINGS, FL 33071 | | Mailing Address 10135 VESTAL COURT CORAL SPRINGS, FL 33071 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  | |
| | | 01062004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-1712177 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSENBERG, HOWARD ED.D. 10135 VESTAL COURT CORAL SPRINGS, FL 33071 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROSENBERG, HOWARD 10135 VESTAL COURT CORAL SPRINGS, FL |  DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROSENBERG, DEBORAH 10135 VESTAL COURT CORAL SPRINGS, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ROSENBERG, DEBORAH 10135 VESTAL COURT CORAL SPRINGS, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Dr. Howard Rosenberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <i>1-7-04</i> Daytime Phone # <i>954-344-0516</i> | |