


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90210 019 \*\*\*150.00

<b>DOCUMENT # 838399</b> 1. Entity Name <b>FAMILY CENTER, INC.</b>					
Principal Place of Business <b>2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645</b>			Mailing Address <b>2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-2121119</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLUMBERG EXCELSIOR CORPORATE SERVICES INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PRES <input checked="" type="checkbox"/> Delete		TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINCK, BRIAN		NAME	Eric Claus	
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS	2 Paragon Dr	
CITY-ST-ZIP	MONTVALE, NE 07645		CITY-ST-ZIP	Montvale, NJ 07645	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, MITCHELL		NAME	Brenda Galgino	
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS	2 Paragon Dr	
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP	Montvale NJ 07645	
TITLE	S. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OFFER, MARY E		NAME		
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS		
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAULTIERI, MICHAEL		NAME		
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS		
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <u>Michael Gualtieri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-7-06</u> <small>Date</small>		
<small>Daytime Phone #</small>					