2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F01000003116

Entity Name: PASTORAL SUPPORT SERVICES INC.

Current Principal Place of Business:

590 COLUMBUS AVENUE
SUITE 200
THORNWOOD, NY 10594

New Principal Place of Business:

Current Mailing Address:

590 COLUMBUS AVENUE
SUITE 200
THORNWOOD, NY 10594

New Mailing Address:

FEI Number: 13-4085918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: REILLY, SCOTT
Address: 7215 NORTHGREEN DR. NE
City-St-Zip: ATLANTA, GA 30328

Title: VD ( ) Delete
Name: TREVINO, MONICA
Address: 60 AUSTIN AVENUE
City-St-Zip: GREENVILLE, RI 02828

Title: STD ( ) Delete
Name: ORTEGA, JOSE F
Address: 582 COLUMBUS AVE
City-St-Zip: THORNWOOD, NY 10594

Title: D ( ) Delete
Name: LUCIA, OCHOA
Address: 751 WEST DRAHNER ROAD
City-St-Zip: OXFORD, MI 48371

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: REILLY, SCOTT
Address: 1585 LAZY RIVER LANE
City-St-Zip: DUNWOODY, GA 30350

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FELIX ORTEGA STD 01/10/2007

Electronic Signature of Signing Officer or Director Date