

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004105

FILED
Jun 28, 2005
Secretary of State

Entity Name: AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS, INC.

Current Principal Place of Business:

2431 ALOMA AVE
WINTER PARK, FL 32792

New Principal Place of Business:

3203 LAWTON ROAD
SUITE 170
ORLANDO, FL 32802

Current Mailing Address:

120 W. LAKE SUE AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 90-0081992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EASTERLING, WILLARD B
120 WEST LAKE SUE AVE
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GRANZIG, WILLIAM A
Address: 120 W LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: STVC () Delete
Name: EASTERLING, WILLARD B
Address: 120 W LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: WILLARD B. EASTERLING

STVC

06/28/2005

Electronic Signature of Signing Officer or Director

Date