

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001426

Entity Name: COUNSELING NETWORK, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

1000 PONCE DE LEON BLVD STE 117
CORAL GABLES, FL 33134

New Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 117
CORAL GABLES, FL 33134 US

Current Mailing Address:

P.O. BOX 144448
CORAL GABLES, FL 33114

New Mailing Address:

P.O. BOX 144448
CORAL GABLES, FL 33114 US

FEI Number: 26-1769377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALICA, MICHAEL J
2801 SALZEDO ST.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALICEA, MICHAEL J
1000 PONCE DE LEON BLVD.
SUITE 117
CORAL GABLES, FL 33134 US

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: MICHAEL J. ALICEA, MS, MFT, MSW

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALICEA, MICHAEL J
Address: P.O. BOX 144448
City-St-Zip: CORAL GABLES, FL 33114

Title: VP () Delete
Name: ZAMORA, MAUREN V
Address: P.O. BOX 144448
City-St-Zip: CORAL GABLES, FL 33114

Title: T () Delete
Name: TOOKS, MELVIN L
Address: P.O. BOX 144448
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MICHAEL J. ALICEA

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date