
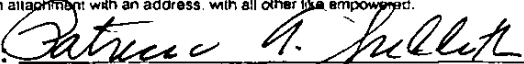


**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90091 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F89368</b> 1. Entity Name BEHAVIORAL/FACTORS, INC.		
Principal Place of Business PO BOX 364 ST. MARKS, FL 32355		Mailing Address PO BOX 364 ST. MARKS, FL 32355
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01162007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2242454		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SUDDUTH, JACK W 34 MANATEE WAY CRAWFORDVILLE, FL 32327		<b>DO NOT WRITE IN THIS SPACE</b>
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 a registered agent.		
SIGNATURE  <i>corp v.p.</i> 1/18/07 <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, 2007 Fee will be \$550.00</b>		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		<b>DO NOT WRITE IN THIS SPACE</b>
P SUDDUTH, JACK 34 MANATEE WAY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ST SUDDUTH, PATRICIA 34 MANATEE WAY CRAWFORDVILLE, FL 32327		
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 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 (s) empowered.		
SIGNATURE  2/19/07 850-925-6788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		