2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# F98000006253

Entity Name: COMMUNITY PSYCHOLOGICAL ASSOCIATES, INC.

Current Principal Place of Business:

444 SEABREEZE BLVD
#645
DAYTONA BEACH, FL 32118

New Principal Place of Business:

407 CENTER POINTE CIRCLE
#1655
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

444 SEABREEZE BLVD
#645
DAYTONA BEACH, FL 32118

New Mailing Address:

407 CENTER POINTE CIRCLE
#1655
ALTAMONTE SPRINGS, FL 32701

FEI Number: 62-1537920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, MICHAEL K
104 GAY GAYLE TERRACE
DAYTONA BEACH, FL 32118

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: P ( ) Delete
Name: WEST, MICHAEL K
Address: 104 GAY GAYLE TERRACE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S ( ) Delete
Name: WEST, CHERYL L
Address: 104 GAY GAYLE TERRACE
City-St-Zip: DAYTONA BEACH, FL 32118

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: MICHAEL K. WEST P 01/27/2004

Electronic Signature of Signing Officer or Director — Date