# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2005**
**Secretary of State**

DOCUMENT# F98000006253

**Entity Name:** COMMUNITY PSYCHOLOGICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

407 CENTER POINTE CIRCLE
#1655
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

407 CENTER POINTE CIRCLE
#1655
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**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 US

**Name and Address of New Registered Agent:**

WEST, MICHAEL K
579 CALIBRE CREST PARKWAY, #105
ALTAMONTE SPRINGS, FL 32714 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: 01/11/2005
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: P (X) Change ( ) Addition
Name: WEST, MICHAEL K
Address: 579 CALIBRE CREST PARKWAY, #105
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Change ( ) Addition
Name: WEST, CHERYL L
Address: 421 FOX HILLS DRIVE NORTH
City-St-Zip: BLOOMFIELD HILLS, MI 48304

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 DR 01/11/2005
Electronic Signature of Signing Officer or Director — Date