

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006253

FILED  
Mar 24, 2007  
Secretary of State

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  
37406 TURNER DRIVE  
UMATILLA, FL 32746 US

## Name and Address of New Registered Agent:

WEST, MICHAEL K  
37406 TURNER DRIVE  
UMATILLA, FL 32784 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:

03/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEST, MICHAEL K  
Address: 37406 TURNER DRIVE  
City-St-Zip: UMATILLA, FL 32746

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEST, MICHAEL K  
Address: 37406 TURNER DRIVE  
City-St-Zip: UMATILLA, FL 32784

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 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 K. WEST

P

03/24/2007

Electronic Signature of Signing Officer or Director

Date