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Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90052 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G23294

1. Entity Name
CHRISTIAN COUNSELING SERVICES, INC.

50005739

Principal Place of Business	Mailing Address
2700 WEST CYPRESS CREEK RD. SUITE D-121 FORT LAUDERDALE, FL 33309	2700 WEST CYPRESS CREEK RD. SUITE D-121 FORT LAUDERDALE, FL 33309
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2295888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUHRER, LINDA 2700 W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) 2700 W Cypress Creek Rd., Suite D121 City Ft. Lauderdale FL Zip Code 33309

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 registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FUHRER, LINDA 2700 W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309	☐ Delete	Fuhrer, Linda 7320 NW 8 Street Margate, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FUHRER, THEODORE P. 2700 W CYPRESS RD STE D104 FORT LAUDERDALE, FL 33309	☐ Delete	Fuhrer, Theodore P. 7320 NW 8 Street Margate, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: Linda L Fuhrer LindA L FuhReR 1-19-05 954 969-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #