


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 007 ***150.00

DOCUMENT # G80642 1. Entity Name INTERNATIONAL CENTER OF PSYCHOLOGY, INC.	
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Principal Place of Business 7160 SW 21 ST APT 3 MIAMI, FL 33155	Mailing Address 7160 SW 21 ST 3 MIAMI, FL 33155 US
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02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0270168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, HAYDEE
7160 SW 21ST #3
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLER, MARIA F CALLE AMIGO, 38 1ST 2ND MUNTANER 171, 4 ^a , 1 ^a BARCELONA 23, SPAIN. BARCELONA, Spain 08036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, HAYDEE 7160 SW 21ST #3 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEURTADO, JAMES D 5200 S.W. 8TH. ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: Haydee Garcia February 5, 2008 290-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #