2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM DOCUMENT # J04183 **Secretary of State** AMERICAN PSYCHOLOGICAL SERVICES, INC. Principal Place of Business Mailing Address % BRUCE WHITING % BRUCE WHITING 3131 LAKESTONE DR 3131 LAKESTONE DR TAMPA, FL 33618 TAMPA, FL 33618 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2645857 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent WHITING, BRUCE DO NOT WRITE 3131 LAKESTONE DR TAMPA, FL 33618 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME WHITING, BRUCE STREET ADDRESS 3131 LAKESTONE DR . 01/11/07=80035=012-150:00 CITY-ST-ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

Bruce R. Whitisa