

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76356

FILED
Apr 29, 2006
Secretary of State

Entity Name: COUNSELING SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1954 HOWELL BRANCH RD.
SUITE 106
WINTER PARK, FL 22792 US

New Principal Place of Business:

1954 HOWELL BRANCH RD.
SUITE 106
WINTER PARK, FL 32792 US

Current Mailing Address:

1954 HOWELL BRANCH RD.
SUITE 106
WINTER PARK, FL 22792 US

New Mailing Address:

1954 HOWELL BRANCH RD.
SUITE 106
WINTER PARK, FL 32792 US

FEI Number: 59-2870729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCIE S. CRAMER
1954 HOWELL BRANCH RD
SUITE 106
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CRAMER, MARCIE S PST
Address: 1555 HOWELL BRANCH RD
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CRAMER, MARCIE S PST
Address: 1954 HOWELL BRANCH RD STE 106
City-St-Zip: WINTER PARK, FL 32792

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: MARCIE S. CRAMER

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date