2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084004

FILED Jul 01, 2006 Secretary of State

Entity Name: ASSOCIATES IN COUNSELING & HYPNOTHERAPY, LLC

New Principal Place of Business: Current Principal Place of Business: 1342 COLONIAL BOULEVARD SUITE B-13 FT. MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 3026 SE 6TH AVENUE CAPE CORAL, FL 33904 US FEI Number: 20-2036057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VITIELLO, LIZA J LMHC 3026 SE 6TH AVENUE CAPE CORAL,, FL 33904 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VITIELLO, LIZA J LMHC Name: Name: Address: 1342 COLONIAL BOULEVARD, SUITE B-13 Address: FT. MYERS, FL 33907 US City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BAIER, RONALD J LCSW Name: Address: 1342 COLONIAL BOULEVARD, SUITE B-13 Address: City-St-Zip: FT. MYERS, FL 33907 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition COLON, ISSA Y LMHC Name: PARITZKY, RICHARD LMHC Name: 1342 COLONIAL BOULEVARD, SUITE B-13 1342 COLONIAL BOULEVARD, SUITE B-13 Address: Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FT. MYERS, FL 33907

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LIZA J. VITIELLO, LMHC MGRM 07/01/2006