2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2007
Secretary of State

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Entity Name: ASSOCIATES IN COUNSELING & HYPNOTHERAPY, LLC

Current Principal Place of Business:

1342 COLONIAL BOULEVARD
SUITE B-13
FT. MYERS, FL 33907 US

New Principal Place of Business:

1342 COLONIAL BOULEVARD
SUITE B-14
FT. MYERS, FL 33907 US

Current Mailing Address:

3026 SE 6TH AVENUE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 20-2036057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITIELLO, LIZA J LMHC
3026 SE 6TH AVENUE
CAPE CORAL,, FL 33904 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VITIELLO, LIZA J LMHC
Address: 1342 COLONIAL BOULEVARD, SUITE B-13
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR (X) Delete
Name: BAIER, RONALD J LCSW
Address: 1342 COLONIAL BOULEVARD, SUITE B-13
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR (X) Delete
Name: PARITZKY, RICHARD LMHC
Address: 1342 COLONIAL BOULEVARD, SUITE B-13
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VITIELLO, LIZA J LMHC
Address: 1342 COLONIAL BOULEVARD, SUITE B-14
City-St-Zip: FT. MYERS, FL 33907 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 RA 02/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date