2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007
Secretary of State

DOCUMENT# L06000080729

Entity Name: CRISIS & TRAUMA COACHING LLC

Current Principal Place of Business:

2890 MICHIGAN STREET
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2890 MICHIGAN STREET
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-5385362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

FITZGERALD, J. MICHAEL D. MED
2890 MICHIGAN STREET
WEST MELBOURNE, FL 32904 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: JOSEPH M.D. FITZGERALD, MED, CEAP, CISM 07/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FITZGERALD, JOSEPH M.D.
Address: 2890 MICHIGAN STREET
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: FITZGERALD, JOSEPH M.D.
Address: 2890 MICHIGAN STREET
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH M.D. FITZGERALD, MED, CEAP, CISM CEO 07/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date