2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State CUMENT # L96621 TE COUNSELING SERVICE, INC. Р at Place of Business Mailing Address 4319 SO RIDGEWOOD AVE PORT ORANGE FL 32127 US SO RIDGEWOOD AVE ORANGE FL 32127 2 cioal Place of Business 3. Mailing Address la. Apt. #. etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-3028402 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YONTA, EMILIO A. Street Address (P.O. Box Number is Not Acceptable) 4319 SO RIDGEWOOD AVE PORT ORANGE FL 32127 City Zip Code ð Tabove 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 access doligations of registered agent. S Signature, typed or printed name of registered agent and life if applicable ORTE (NOTE: Registered Agent signature required when rematating) TILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C Trust Fund Contribution. Added to Fees Hin-ck Payable to Florida Department of State ĸ 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ħ PTD BILE ☐ Change ☐ Addition ☐ Delete Νź YONTA, EMILIO A. NAME U00000337494 STREET ADDRESS Sì 3430 ORIOLE AVE WILBUR-BY-THE-SEA FL 32127 CITY-ST-7IP 01/30/06-80052-910 150.00 ß π ☐ Change A Allen ☐ Defete TITLE N YONTA, DONNA NAME 51 3930 ORIOLE AVE STREET ADDRESS WILBUR-BY-THE-SEA FL 32127 C3 CHY-ST-IP m ☐ Delete TITLE Chacce TI Addition N/ NAME ST STREET ADDRESS C CITY-ST-ZIP ☐ Modern 77 ☐ Delete T/T/F Change N/ NAME STREET ADDRESS ST Çİ CITY-ST-ZIP Addition $T\Gamma_i$ Delete TITLE Change N NAME ST STREET ADDRESS CI CITY-ST-ZIP ☐ Change Asirii... TI) Detete TATLE N NAME ST STREET ADDRESS

CITY-ST-ZIP

Treby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information used 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 the content of 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 manued, or on an attachment with an address, with all differ like empowered.

356756 2405

Ç!

15

MATURE