

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44843

FILED
Jul 02, 2007
Secretary of State

Entity Name: PARENT CHILD BEHAVIOR CLINIC, INC.

Current Principal Place of Business:

C/O BENJAMIN ISOM
111 NW 183 ST STE 510
MIAMI, FL 33169

New Principal Place of Business:

C/O BENJAMIN ISOM
111 NW 183 ST STE 351
MIAMI, FL 33169

Current Mailing Address:

C/O BENJAMIN ISOM
111 NW 183 ST. STE 510
MIAMI, FL 33169

New Mailing Address:

C/O BENJAMIN ISOM
111 NW 183 ST. STE 351
MIAMI, FL 33169

FEI Number: 65-0036025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISOM, BENJAMIN
111 NW 183 ST
STE 510
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ISOM, BENJAMIN
111 NW 183 ST
STE 351
MIAMI, FL 33169 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:

07/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, DARRELL
Address: 111 NW 183 ST STE 510
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: ISOM, JAMILLA
Address: 111 NW 183 ST STE 510
City-St-Zip: MIAMI, FL 33169

Title: P () Delete
Name: ISOM, BENJAMIN
Address: 111 NW 183 ST. STE510
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVANS, DARRELL
Address: 111 NW 183 ST STE 351
City-St-Zip: MIAMI, FL 33127

Title: S (X) Change () Addition
Name: ISOM, JAMILLA
Address: 111 NW 183 ST STE 351
City-St-Zip: MIAMI, FL 33169

Title: P (X) Change () Addition
Name: ISOM, BENJAMIN
Address: 111 NW 183 ST. STE351
City-St-Zip: MIAMI, FL 33169

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 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: BENJAMIN F. ISOM

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date