

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000537

FILED  
Feb 23, 2007  
Secretary of State

**Entity Name:** ADOPTION HOME STUDY PROFESSIONALS, INC.

**Current Principal Place of Business:**

5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 55-0841277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, BONNIE LCSW  
5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 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

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: MARTIN, BONNIE LCSW  
Address: 5749 SEA BREEZE DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: DV ( ) Delete  
Name: BRADFORD, KIMBERLY BA  
Address: 9221 CRESTON AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: MARTIN, JOHN B LCSW  
Address: 5749 SEA BREEZE DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: DP ( ) Delete  
Name: ROZYCKI, MARY  
Address: 5207 TROUBLE CREEK RD.  
City-St-Zip: NEW PORT RICHEY, F 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE M. MARTIN

CEO

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date