2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000001338

Entity Name: DECIDE CHRISTIAN COUNSELING CENTER, INC.

Current Principal Place of Business:

2500 W OAKRIDGE RD
ORLANDO, FL 32839

New Principal Place of Business:

2500 W OAKRIDGE RD
ORLANDO, FL 32809

Current Mailing Address:

PO BOX 452013
KISSIMMEE, FL 347452013

New Mailing Address:

2500 W OAKRIDGE ROAD
ORLANDO, FL 32809

FEI Number: 03-0388345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, ANNIE MS
2769 CULLLENS CT
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

PEÑA, LUIS A MS
7032 EDGEWORTH DR.
ORLANDO, FL 32819 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: LUIS A PEÑA 05/01/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, SATURNINO REV
Address: 2770 MUSCATELLO CT
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: DIAZ, ANNIE D
Address: 2769 CULLENS CT
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: OLIVO, LAURA
Address: 1413 MIMI CT
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: RAMOS, LUIS
Address: 7948 SNOWBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GONZALEZ, SATURNINO REV
Address: 850 WHISPERING CYPRESS LANE
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change ( ) Addition
Name: PEÑA, LUIS A
Address: 7032 EDGEWORTH DR.
City-St-Zip: ORLANDO, FL 32819

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 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: LUIS RAMOS D 05/01/2008
Electronic Signature of Signing Officer or Director — Date