2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N04000000218

Entity Name: A STATE OF MIND COUNSELING & WELLNESS CENTERS, INC.

Current Principal Place of Business:

1212 E BROWARD BLVD STE 204
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1212 E BROWARD BLVD STE 204
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-0515804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECORARO, CARMINE J
1718 NE 7 TERR
FT LAUDERDALE, FL 33305 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: S ( ) Delete
Name: PECORARO, JUDITH A
Address: 1718 NE 7 TERR
City-St-Zip: FT LAUDERDALE, FL 33305

Title: V ( ) Delete
Name: GAURINO, MICHELE
Address: 180 NW 47 ST
City-St-Zip: FT LAUDERDALE, FL 33309

Title: T ( ) Delete
Name: PECORARO, CARMINE
Address: 1718 NE 7 TERR
City-St-Zip: FT LAUDERDALE, FL 33305

Title: P ( ) Delete
Name: CONTI, JAMES
Address: 100 BAYVIEW DR #1716
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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 Section 119.07(3)(i), 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: JUDITH A. PECORARO S 04/19/2005

Electronic Signature of Signing Officer or Director — Date