2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N04000000218

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

Current Principal Place of Business:

1000 SOUTH FEDERAL HIGHWAY
SUITE 106
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH FEDERAL HIGHWAY
SUITE 106
FT LAUDERDALE, FL 33316

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 (X) 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: STEPHENS, JO ANN
Address: 1000 SOUTH FEDERAL HIGHWAY #106
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: PECORARO, JUDITH A
Address: 1718 NE 7 TERR
City-St-Zip: FT LAUDERDALE, FL 33305

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: CARMINE PECORARO T 04/24/2007

Electronic Signature of Signing Officer or Director — Date