2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N04000000305

Entity Name: ARCHER PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

12651 S DIXIE HWY #201
PINECREST, FL 33156

New Principal Place of Business:

1390 SOUTH DIXIE HIGHWAY
2109
CORAL GABLES, FL 33146

Current Mailing Address:

12651 S DIXIE HWY #201
PINECREST, FL 33156

New Mailing Address:

1390 SOUTH DIXIE HIGHWAY
2109
CORAL GABLES, FL 33146

FEI Number: 90-0133403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHER, VANESSA
12651 S DIXIE HWY #201
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

ARCHER, VANESSA
1390 SOUTH DIXIE HIGHWAY
2109
CORAL GABLES, FL 33146 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: _____ 04/29/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEVENS, WALTER
Address: 1390 S. DIXIE HIGHWAY, SUITE 2109
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: BAXTER, SCOTT
Address: 1390 S. DIXIE HIGHWAY, SUITE 2109
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: GIBBS, W. TUCKER
Address: 1390 S. DIXIE HIGHWAY, SUITE 2109
City-St-Zip: CORAL GABLES, FL 33146

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:

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: VANESSA ARCHER D 04/29/2006
Electronic Signature of Signing Officer or Director — Date