2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N04000000962

Entity Name: BRILLIANT MINDS MEDICAL AND BEHAVIORAL SOLUTIONS UNLIMITED, INC.

Current Principal Place of Business:

36468 EMERALD COAST PARKWAY
SUITE 2101
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36468 EMERALD COAST PARKWAY
SUITE 2101
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-0670308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLONE, GINA MS BCBA
36468 EMERALD COAST PARKWAY
SUITE 2101
DESTIN, FL 32541 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: D ( ) Delete
Name: FULMER, TIM CPA
Address: 4460 LEGENDARY DR, SUITE 100
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: LEURINDA, ANA
Address: 36468 EMERALD COAST PARKWAY SUITE 2101
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: LEURINDA, MARIO
Address: 36468 EMERALD COAST PARKWAY SUITE 2101
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RIGDON, CHARLES
Address: 506 HWY 98
City-St-Zip: DESTIN, FL 32541

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

Title: D (X) Change ( ) Addition
Name: BALLONE, GINA
Address: 36468 EMERALD COAST PARKWAY SUITE 2101
City-St-Zip: DESTIN, FL 32541

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: ANA LEURINDA CEO 04/28/2006

Electronic Signature of Signing Officer or Director — Date