

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90040 038 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000006322</b><br>1. Entity Name<br><b>T.G. THOMPSON REHABILITATION COUNSELING SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
| Principal Place of Business<br><b>613 NW 3RD AVE<br/>FT LAUDERDALE, FL 33311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                  |                                                                                                                                                                  | Mailing Address<br><b>613 NW 3RD AVE<br/>FT LAUDERDALE, FL 33311</b> |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | 3. Mailing Address                                                               |                                                                                                                                                                  |                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | Suite, Apt. #, etc.                                                              |                                                                                                                                                                  |                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | City & State                                                                     |                                                                                                                                                                  |                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                  | Zip                                                                              | Country                                                                                                                                                          |                                                                      |  |
| 4. FEI Number<br><b>57-1208762</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                  |                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                  |                                                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RHODES, HOLLIS<br/>613 NW 3RD AVE<br/>FT LAUDERDALE, FL 33311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                      |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
| <b>Filing Fee is \$61.25;<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                   |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                     |                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>THOMPSON, GEORGE T<br/>7080 NW 6ST<br/>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S<br/>JACKSON, ROBIN<br/>7080 NW 6ST<br/>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T<br/>KINTCHEN, TYRONE<br/>7080 NW 6ST<br/>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |
| <b>SIGNATURE: 2.9 Thomp THOMAS G. THOMPSON 7-14-05</b><br><small>Typed and typed or printed name of signing officer or director</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                                  |                                                                                                                                                                  |                                                                      |  |