


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90019 022 ****61.25

DOCUMENT # N05000000105	
1. Entity Name LET'S TALK COUNSELING SERVICE INC.	

Principal Place of Business 20400 NETTLETON STREET ORLANDO, FL 32833	Mailing Address 20400 NETTLETON STREET ORLANDO, FL 32833
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2. Principal Place of Business	3. Mailing Address
Suite, Apt., #, etc.	Suite, Apt., #, etc.

City & State	City & State
Zip	Country



07102006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent	
BELL, PATRICIA 20400 NETTLETON STREET ORLANDO, FL 32833	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, PATRICIA	NAME	
STREET ADDRESS	20400 NETTLETON STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32833	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MICHEL	NAME	
STREET ADDRESS	20400 NETTLETON STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32833	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, SANDY	NAME	
STREET ADDRESS	4973 N ORANGE AVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: <i>Patricia Bell</i>	7-10-06 (407) 443-3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #