


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000011925</b>			
1. Entity Name <b>BEHAVIOR, INC.</b>			
Principal Place of Business <b>2709 BLAIRSTONE LANE TALLAHASSEE, FL 32301</b>		Mailing Address <b>PO BOX 10227 TALLAHASSEE, FL 32302</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07022007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SALTER, REBECCA</b> <b>73 FIELDS RD</b> <b>HAVANA, FL 32333</b>		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 <u>Rebecca Salter</u>		DATE <u>7/2/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, CHERRY</b>	NAME	<b>500105626635</b>
STREET ADDRESS	<b>2606 POTSDAMER ST.</b>	STREET ADDRESS	<b>07/06/07--01030--005 **61.25</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32310</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS, VITALIS</b>	NAME	
STREET ADDRESS	<b>2217 GREENWICH WY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS, ALFRED</b>	NAME	
STREET ADDRESS	<b>2217 GREENWICH WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARINO, LUIS</b>	NAME	
STREET ADDRESS	<b>535 APPELYARD DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, ALVIN</b>	NAME	
STREET ADDRESS	<b>2720 BLAIRSTONE ROAD, SUITE C</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>	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:** Rebecca Salter 7/2/07 850-219-0600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #