2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000002994

Entity Name: SOUND MIND CHRISTIAN COUNSELING, INC.

Current Principal Place of Business:

7300 W CAMINO REAL
SUITE 221
BOCA RATON, FL 33433

New Principal Place of Business:

7100 W CAMINO REAL
SUITE 302
BOCA RATON, FL 33433

Current Mailing Address:

7300 W CAMINO REAL
SUITE 221
BOCA RATON, FL 33433

New Mailing Address:

7100 W CAMINO REAL
SUITE 302
BOCA RATON, FL 33433

FEI Number: 20-8722609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, ROBERTO P
7300 W CAMINO REAL
SUITE 221
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SILVA, ROBERTO P
7100 W CAMINO REAL
SUITE 302
BOCA RATON, FL 33433 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVA, ROBERTO P
Address: 9503 BOCA COVE CIR #609
City-St-Zip: BOCA RATON, FL 33428

Title: VPD ( ) Delete
Name: SILVA, CREUZELI B
Address: 9503 BOCA COVE CIR #609
City-St-Zip: BOCA RATON, FL 33428

Title: TD ( ) Delete
Name: SILVA, ALEXANDRE B
Address: 11576 TIMBERS WAY
City-St-Zip: BOCA RATON, FL 33428

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 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: ROBERTO SILVA PD 04/30/2009
Electronic Signature of Signing Officer or Director — Date