2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N08000009629

Entity Name: BRT COUNSELING, INC.

Current Principal Place of Business:

4982 W. ATLANTIC BLVD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

4982 W. ATLANTIC BLVD.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 26-3555913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TREADWELL, FREDRICK C
8258 SW TOMMY CLEMENTS LANE
INDIANTOWN, FL 34956 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: REYNOLDS, NICHOLAS
Address: 3342 SW HOSANAH LANE
City-St-Zip: OKECCHOBEE, FL 34974

Title: DP ( ) Delete
Name: BURGGRAF, PETER
Address: 451 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: DV/T ( ) Delete
Name: TREADWELL, FREDRICK
Address: 8258 SW TOMMY CLEMENTS LANE
City-St-Zip: INDIANTOWN, FL 34965

Title: D/S ( ) Delete
Name: THOMAS, JACKIE D
Address: 3342 SW HOSANAH LANE
City-St-Zip: OKECCHOBEE, FL 34974

Title: D ( ) Delete
Name: SAYRE, JEFFREY D
Address: 451 BANKS ROAD #2
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: BURGGRAF, KIMBERLY K
Address: 451 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

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: FREDRICK TREADWELL VP/D 05/14/2009
Electronic Signature of Signing Officer or Director — Date