2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08526

Entity Name: COUNSELING AND EVALUATION CENTER, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9075 SW 87TH AVE. 7800 SW 57 AVENUE SUITE 409

SUITE 227 MIAMI, FL 33176 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

9075 SW 87TH AVE. 7800 SW 57 AVENUE SUITE 409 SUITE 227

MIAMI, FL 33176 MIAMI, FL 33143 US

FEI Number: 59-2604296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRISCHER, STEVEN L HENDRICKSON, MICHAEL 7600 RED ROAD 7800 SW 57 AVENUE S MIAMI, FL 33143 SUITE 227 MIAMI, FL 33143 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: MICHAEL HENDRICKSON 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HENDRICKSON, MICHAEL, HENDRICKSON, MICHAEL Name: Name: Address: 9075 SW 87 AVE #409 Address: 7800 SW 57 AVENUE, SUITE 227

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33143

Title: VD () Delete Title: () Change () Addition

EVANS, ROBERT Name: Name: Address: 7949 SW 104 ST #D113 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

REYNOLDS, DWIGHT Name: Name: 9150 SW 87 AVE SUITE 102 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL HENDRICKSON PD 04/30/2004