

**2006 CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000835

**FILED**  
**May 05, 2006**  
**Secretary of State****Entity Name:** BOARD OF BEHAVIOR ANALYSTS, INC.**Current Principal Place of Business:**6104 POLK STREET  
NEW PORT RICHEY, FL 34653**New Principal Place of Business:**1852 N PINELLAS AVE  
TARPON SPRINGS, FL 34689**Current Mailing Address:**6104 POLK STREET  
NEW PORT RICHEY, FL 34653**New Mailing Address:**1848 N PINELLAS AVE  
TARPON SPRINGS, FL 34689**FEI Number:** 20-3395232**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSS, JOHN J  
6104 POLK STREET  
NEW PORT RICHEY, FL 34653 US**Name and Address of New Registered Agent:**ROSS, JOHN J  
1848 N PINELLAS AVE  
TARPON SPRINGS, FL 34689 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:**

05/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ROSS, JOHN J  
Address: 6104 POLK STREET  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete  
Name: COWLES, AMELIA  
Address: 475 MAPLEWAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete  
Name: COWLES, GENE  
Address: 475 MAPLEWAY  
City-St-Zip: SAFETY HARBOR, FL 34695

**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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN ROSS

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date