2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

FILED Feb 20, 2006 Secretary of State

Entity Name: CONSUMER COUNSELING SERVICES, INC.

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

2180 N.W. 18TH AVENUE SUITE #A-6

POMPANO BEACH, FL 330691320

New Mailing Address: Current Mailing Address:

2180 N.W. 18TH AVENUE SUITE #A-6

POMPANO BEACH, FL 330691320

FEI Number: 65-0355654 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:

MANCLAW, RON C/O HIV/AIDS PASTORAL CARE NETWORK, INC

2180 N.W. 18TH AVENUE #A6

2180 N.W. 18TH AVENUE #A6 POMPANO BEACH, FL 330691320 US POMPANO BEACH, FL 330691320 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.

JONES, HAL DR.

SIGNATURE: DR. HAL JONES 02/20/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

C/O HIV/AIDS PASTORAL CARE NETWORK, INC

(X) Change () Addition () Delete JONES, HAL SR. CH. MANCLAW, RON REVICEO Name: Name: 1738 W. LAS OLAS BLVD Address: 2180 NW 18TH AVENUE, A-6 Address: FORT LAUDERDALE, FL 333127517

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 330691320 US

Title: () Delete Title: (X) Change () Addition HAMER, THOMAS Name: HAMER, THOMAS LMFT Name: Address: 2608 SW 34TH AVENUE Address: 2608 SW 34TH AVENUE

City-St-Zip: FT. LAUDERDALE, FL 333124740 City-St-Zip: FT. LAUDERDALE, FL 333124740 US

Title: () Delete Title: (X) Change () Addition HANBY, ELIZABETH A HANBY, ELIZABETH A Name: Name:

Address: P.O. BOX 10008 Address: P.O. BOX 10008

City-St-Zip: POMPANO BEACH, FL 33061 City-St-Zip: POMPANO BEACH, FL 33061 US

Title: () Delete Title: (X) Change () Addition HESSE, DYANA C HAPLAIN Name: Name: HESSE, DYANA REV.

7003 NW 77TH ST Address: 7003 NW 77TH ST Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

Title: () Delete Title: () Change (X) Addition

CARL, G. B Name: Name: P.O. BOX 667634 Address: Address:

COCONUT CREEK, FL 33066 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

OPEN DOOR MINISTRY. Name: Name: Address: Address:

SUITE A-6; 2180 NW 18TH AVENUE; A-6 POMPANO BEACH, FL 330691320 US City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL JONES DR. 02/20/2006