2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

FILED Feb 24, 2010 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 US

Current Mailing Address: New Mailing Address:

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

POMPANO BEACH, FL 330691320 US

FEI Number: 65-0355654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JONES, HAL DR. C/O HIV/AIDS PASTORAL CARE NETWORK, INC 2180 N.W. 18TH AVENUE #A6 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/T

Name: MANCLAW, RONALD R REV/DR. Address: 1738 W. LAS OLAS BLVD

City-St-Zip: FORT LAUDERDALE, FL 333127517 US

Title: D/VP

Name: HAMER, THOMAS LMFT Address: 2608 SW 34TH AVENUE

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

Title: D/VP

Name: REFEINER, PETER
Address: 1738 W. LAS OLAS BLVD

City-St-Zip: FORT LAUDERDALE, FL 333127517 US

Title:

Name: ISAACS, HOWARD Address: 2180 NW 18TH AVENUE

City-St-Zip: POMPANO BEACH, FL 330691320 US

Title: 9

Name: CARL, GERALDINE B Address: 1304 SW 15 STREET

City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby 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 all other like empowered.

SIGNATURE: REV DR RON MANCLAW P/T 02/24/2010