2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2006
Secretary of State

DOCUMENT# N93000003506

Entity Name: CRITICAL INCIDENT STRESS DEBREIFERS OF BREVARD, INC.

Current Principal Place of Business:

1040 S. FLORIDA AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1040 S. FLORIDA AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-2874812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONEY, JEFFREY P
1040 SOUTH FLORIDA AVE
ROCKLEDGE, FL 32955 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: JEFFREY P MONEY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIGMAN, ANGELA
Address: 802 TOPAZ DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD ( ) Delete
Name: HECKY, CHERYL
Address: 7055 BRYANT ROAD
City-St-Zip: COCOA, FL 32927

Title: VD ( ) Delete
Name: DECHENNE, DOUG
Address: 130 MALABAR RD SE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: TRAINER, CHERYL
Address: 1040 S. FLORIDA AVE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: PD (X) Change ( ) Addition
Name: MONEY, JEFFREY P
Address: 1040 S. FLORIDA AVE
City-St-Zip: ROCKLEDGE, FL 32927

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: CHERYL HECKY STD 10/20/2006

Electronic Signature of Signing Officer or Director — Date