


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002997 1. Entity Name BEEN THERE-DONE THAT COUNSELING, INC.	
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Principal Place of Business 5 SOUTH IVEY LANE ORLANDO, FL 32811	Mailing Address 5 SOUTH IVEY LANE ORLANDO, FL 32811
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNETT, JOHN C 5 SOUTH IVEY LANE ORLANDO, FL 32811

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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE John C. Burnett <small>Signature, typed or printed name of registered agent and file if applicable</small>	John C. Burnett <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/12/05 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURNETT, JOHN C 5 SOUTH IVEY LANE ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURNETT, DEBRA A 5 SOUTH IVEY LANE ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MASSEY, CARLOTTA Y 648 CANNON RIDGE DRIVE APT 215 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOLMES, CAROL Y 3302 S. WILTS CIRCLE APT 2 BLDG 42 ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000316843 04/19/05-80094-010 8.75</p> <p>U000000316843 04/19/05-80094-011 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: John C. Burnett <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/12/05 (407) 299-1718 <small>Date Daytime Phone #</small>