2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000000174

Address: City-St-Zip:

LONGWOOD, FL 32750

FILED Apr 17, 2008 Secretary of State

Entity Name: NEW OBJECTIVES PSYCHOLOGY & COUNSELING CENTER INC.

Current Principal Place of Business: New Principal Place of Business: 370 CENTER POINTE CIRCLE, SUITE 1160 370 CENTERPOINTE CIRCLE, SUITE 1160 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 370 CENTER POINTE CIRCLE, SUITE 1160 370 CENTERPOINTE CIRCLE, SUITE 1160 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3622771 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: THETFORD, SHARON R 370 CENTERPOINTE CIRCLE **SUITE 1160** ALTAMONTE SPRINGS, FL 32701 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THETFORD, SHARON R Name: Name: 970 LONGWOOD CLUB

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON R. THETFORD **PRES** 04/17/2008