2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 A Secretary of State

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1. Entity Name

ANNETTE M. KELM, M.S., LMHC, P.A.



Principal Place of Business

6235 GRAND BLVD

SUITE A

NEW PORT RICHEY, FL 34652

Mailing Address

6235 GRAND BLVD

SUITE A

NEW PORT RICHEY, FL 34652



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691884

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELM, ANNETTE M 6235 GRAND BLVD SUITE A

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

| NEW POR | T RICHEY, FL 34652 | | IN THIS SPACE | | | | |
|---|--|----------------------------------|-----------------|--------------------------------|--|--|--|
| 9 The shows | named onth, submits this statement for the | humana at abanaina ita ragistara | d office or a | anistavad appat as ball | h, in the State of Florida. I am familiar with, and accept | | |
| the obligat | ions of registered agent | orbose of changing its registere | a once or | egistered agent, or bot | n, in the state of Florida. I am familiar with, and accept | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | il applicable (NOTE, Registered | Ageni signature | required when reinstating) | DATE | | |
| | | 9. Election Campaign Finance | aina | 65.00 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contr | | | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | |
| TITLE | DPST | | , | | | | |
| NAME | KELM, ANNETTE M | | | | | | |
| STREET ADDRESS | 4939 FLORAMAR TERR #303 | | | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | | | | | | |
| TITLE | | | | | H000008 0 6209 | | |
| NAME | | | | | U00000806209 02/06/08-80032-021 150.00 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ing benda ing ing a ing ing a maring ing ing ing ing ing ing ing ing ing | | |
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| CITY-ST-ZIP | | | | | • | | |
| TITLE | | | | • | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attacpment with an address, with all other like empowered.