## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000012941

Entity Name: MITCHELL E. WALLICK PHD CAP AND ASSOCIATES, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8568 NW 28TH COURT 8568 NW 28TH COURT

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 330655319 US

Current Mailing Address: New Mailing Address:

8568 NW 28TH COURT 8568 NW 28TH COURT

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 330655319

FEI Number: 65-1077122 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:

WALLICK, MITCHELL E WALLICK, MITCHELL E 8568 NW 28TH COURT 8568 NW 28TH COURT

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 330655319 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: MITCHELL E WALLICK 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 WALLICK, MITCHELL
 Name:
 WALLICK, MITCHELL

 Address:
 8568 NW 28TH COURT
 Address:
 8568 NW 28TH COURT

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 330655319 US

 Name:
 WALLICK, AIMEE E
 Name:
 WALLICK, AIMEE E

 Address:
 8568 NW 28TH COURT
 Address:
 8568 NW 28TH COURT

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 330655319 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL E WALLICK PRES 04/28/2005