

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000066006

1. Entity Name
ABOUT SOLUTIONS COUNSELING, INC.



Principal Place of Business
1308 WEST SLIGH AVENUE
TAMPA, FL 33604

Mailing Address

1308 WEST SLIGH AVENUE
TAMPA, FL 33604

2. Principal Place of Business

5027 Barrowe Drive

3. Mailing Address

5027 Barrowe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33624

Zip

33624

Country

U.S.

Country

U.S.

6. Name and Address of Current Registered Agent

MCCULLOUGH, CONSTANCE
1002 SOUTH HARBOUR ISLAND BLVD. SUITE #1307
TAMPA, FL 33602

5027 Barrowe Drive

Tampa, FL 33624

03182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3729253

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME MCCULLOUGH, CONSTANCE
STREET ADDRESS 1002 SOUTH HARBOUR ISLAND BLVD. #1307
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

5027 Barrowe Drive
Tampa, FL 33624

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Connie McCullough Connie McCullough 3-19-06 President 813-833-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

