
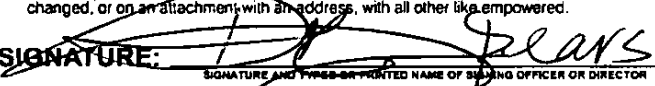


**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90021 032 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000090768</b>		
1. Entity Name P & S COUNSELING SERVICES, INC.		
Principal Place of Business 2020 N.E. 163RD ST., STE.300 NORTH MIAMI BEACH, FL 33162		Mailing Address 2020 N.E. 163RD ST., STE. 300 NORTH MIAMI BEACH, FL 33162
<b>DO NOT WRITE IN THIS SPACE</b>		
		01252007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1121154		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SPEARS, PAMELA D DR. 85 NW 122 STREET MIAMI, FL 33168		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPEARS, PAMELA D DR 85 NW 122 STREET MIAMI, FL 33168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/19/07 <small>Device Phone #</small>