FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90087 035 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103420

1. Entity Name
SENIOR PSYCH SOLUTIONS CORP.

40124910

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181	11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11900 Biscayne Blvd.	1050 Crown Pointe Pkwy.
Suite, Apt. #, etc.: Suite 504	Suite, Apt. #, etc.: Suite 295
City & State: Miami, FL.	City & State: Atlanta, Ga
Zip: 33181 Country: USA	Zip: 30338 Country: USA

05112007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-1148921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHAPIRO, AMY
11900 BISCAYNE BLVD
SUITE 780
MIAMI, FL 33181

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd. Suite 504
City: Miami FL Zip Code: 33181

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: Amy Shapiro DATE: 5-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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	TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, AMY		NAME	
STREET ADDRESS	11900 BISCAYNE BLVD SUITE 780		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Amy Shapiro 5-1-07 866-325-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/6/07