

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105728

Entity Name: AA THERAPY CENTER, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

5702 LAKE WORTH RD SUITE 11
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

5702 LAKE WORTH RD SUITE 11
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-1149795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, MILTON
5702 LAKE WORTH RD SUITE 11
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KAUFMAN, MILTON
Address: 5702 LAKE WORTH RD SUITE 11
City-St-Zip: LAKE WORTH, FL 33467

Title: VS () Delete
Name: KAUFMAN, MAXINE S
Address: 5702 LAKE WORTH RD SUITE 11
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MILTON KAUFMAN

PT

04/27/2006

Electronic Signature of Signing Officer or Director

Date