2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P01000121954 CHARMIAN GATLIN LCSW COUNSELING, P.A. Principal Place of Business Mailing Address **514 SUNNY CIR 514 SUNNY CIR** WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 No Chg-P 04212006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 69-0005736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTMAN, STEPHEN H ESQ. DO NOT WRITE 908 S FLORIDA AVE STE 102 LAKELAND, FL 33803 IN THIS SPACE 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. DATE (TIOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GATLIN, CHARMIAN NAME 514 SUNNY CIR STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP TILLE NAME U00000556334 05/17/06-80005-019 150.00 STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this lifting does not quality 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 life empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: