

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018162

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** SUNNY DAYS COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

**FEI Number:** 03-0400044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRADERA, HUGO D  
1440 79TH STREET CAUSEWAY  
SUITE 130  
NORTH BAY VILLAGE, FL 33141 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:** PD ( ) Delete  
**Name:** PRADERA, HUGO D  
**Address:** 1440 79TH STREET CAUSEWAY  
**City-St-Zip:** NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** HUGO PRADERA

PD

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date