

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020986

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: COASTAL BEHAVIORAL THERAPY, INC.

## Current Principal Place of Business:

590 SOLUTIONS WAY  
SUITE 110  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

## Current Mailing Address:

590 SOLUTIONS WAY  
SUITE 110  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

FEI Number: 75-3007743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAVALETA, ISIDRO  
590 SOLUTIONS WAY  
SUITE 110  
ROCKLEDGE, FL 32955 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: P VTS ( ) Delete  
Name: ZAVALETA, ISIDRO  
Address: 3029 COPPOLA WAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZAVALETA, ISIDRO  
Address: 3029 COPPOLA WAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: V ( ) Change (X) Addition  
Name: ZAVALETA, REBECCA  
Address: 3029 COPPOLA WAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D ( ) Change (X) Addition  
Name: HARLAN, KATHERINE  
Address: 1242 OLD MILLPOND RD  
City-St-Zip: MELBOURNE, FL 32940 US

Title: T ( ) Change (X) Addition  
Name: MALATINO, JOHN  
Address: 4914 PINOT ST  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S ( ) Change (X) Addition  
Name: PEAKE-DIBERNARDO, LEIGH  
Address: 3791 CHARDONNAY DR  
City-St-Zip: ROCKLEDGE, FL 32955

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: ISIDRO ZAVALETA

P

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date