2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P02000074103

Entity Name: THE CENTER FOR HEALTHY PSYCHE, INC.

Current Principal Place of Business:

6621 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413

New Principal Place of Business:

4533 KELMAR DRIVE
WEST PALM BEACH, FL 33415

Current Mailing Address:

6621 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413

New Mailing Address:

4533 KELMAR DRIVE
WEST PALM BEACH, FL 33415

FEI Number: 81-0561167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNAPP, VIVIAN M ESQ.
142 KAPOK CRESCENT
ROYAL PALM BEACH, FL 33411 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: PENA, NATALIEGRACE
Address: 6621 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ST ( ) Delete
Name: KNAPP, VIVIAN
Address: 142 KAPOK CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: PENA, MARIO
Address: 6621 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PENA, NATALIEGRACE
Address: 4533 KELMAR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

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

Title: D (X) Change ( ) Addition
Name: PENA, MARIO
Address: 4533 KELMAR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

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: NATALIEGRACE PENA PD 04/07/2006

Electronic Signature of Signing Officer or Director — Date