2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079672

Entity Name: POSSIBILITIES COUNSELING SERVICES, P.A.

4741 NORTHEAST 27TH AVENUE

FORT LAUDERDALE, FL 33308

Address:

City-St-Zip:

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 420 SE 18TH ST. 1975 E. SUNRISE BLVD FORT LAUDERDALE, FL 33316 513 FORT LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 4741 NE 27TH AVE FT. LAUDERDALE, FL 33308 FEI Number: 55-0788002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSEMAN, SHARON MS. 4741 N.E. 27TH AVENUE FORT LAUDERDALE, FL 33308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition ROSEMAN, SHARON Name: Name: 4741 NORTHEAST 27TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ROSEMAN, PAUL 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: SHARON ROSEMAN PSTD 01/06/2006