2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082696

Entity Name: BEHAVIORS PLUS. INC.

PAPINEAU, MAHLEE

LEESBURG, FL 34788

40438 EMERALDA ISLAND RD

Name:

Address:

City-St-Zip:

FILED Jan 23, 2008 Secretary of State

	e. BENAVI	ONO 1 200, 11 VO.		
Current Principal Place of Business:			New Principal Place of Business:	
	ERALDA ISLA IG, FL 34788	ND RD		
Current Mailing Address:			New Mailing Address:	
	ERALDA ISLA G, FL 34788	ND RD		
FEI Number	: 54-2064615	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:
	RGINIA D ST 8TH AVE. A, FL 32784	US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financii	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (LONG, VIRGIN 40043 WEST UMATILLA, FL	8TH AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SULLIVAN, JO	ALDA ISLAND RD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TAYLOR, REG	ALDA ISLAND ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VIRGINIA D LONG VP 01/23/2008