

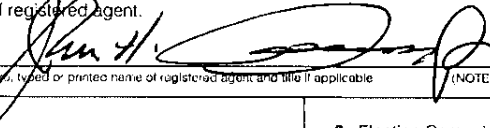
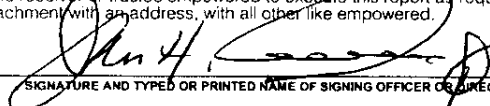


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 047 ***150.00

DOCUMENT # P02000084131 1. Entity Name FLAMINGO RETREAT THERAPY CENTER, INC.					
Principal Place of Business 1210 PAN BORTON TRAIL MALABAR, FL 32950 US			Mailing Address 1210 PAN BORTON TRAIL #B MALABAR, FL 32950 US		
2. Principal Place of Business - No P.O. Box # 1210 PEMBERTON TRAIL Suite, Apt. #, etc.		3. Mailing Address 1210 PEMBERTON TRAIL Suite, Apt. #, etc.			
City & State		City & State		01292007 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 02-0672397	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARNOLD, JOHN H JR 2801 SANDTRAP LANE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name JOHN H. ARNOLD JR. Street Address (P.O. Box Number is Not Acceptable) 330 SARONG CIR. City MERRITT ISLAND FL Zip Code 32952		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1-29-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILLIS, CHARLOTTE 1210 PEMBERTON TRAIL MALABAR, FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1210 PEMBERTON TRAIL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARNOLD, JOHN H JR. 1210 PEMBERTON TRAIL MALABAR, FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 330 SARONG CIR MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 1-29-07 Device Phone # 321-403-8474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			TREASURER		