

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086372

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: A + CHILDREN'S THERAPY, INC.

## Current Principal Place of Business:

4480 GOLF RIDGE DRIVE  
ELKTON, FL 32033

## New Principal Place of Business:

111 NATURE WALK PARKWAY  
SUITE 101  
ST. AUGUSTINE, FL 32092

## Current Mailing Address:

4480 GOLF RIDGE DRIVE  
ELKTON, FL 32033

## New Mailing Address:

111 NATURE WALK PARKWAY  
SUITE 101  
ST. AUGUSTINE, FL 32092

FEI Number: 71-0901135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPT ( ) Delete  
Name: MOODY, ELISABETH  
Address: 4480 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

Title: DVS ( ) Delete  
Name: LENNON, DEBORAH  
Address: 4480 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MOODY, ELISABETH  
Address: 111 NATURE WALK PARKWAY, SUITE 101  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DVS (X) Change ( ) Addition  
Name: LENNON, DEBORAH  
Address: 111 NATURE WALK PARKWAY, SUITE 101  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ELISABETH MOODY

DPT

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date