2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Sep 08, 2006 8:00 am Secretary of State DOCUMENT # P03000005508 09-08-2006 90002 023 ***550.00 EMILY B. RIEGEL, M. ED., L.M.H.C., P.A. Principal Place of Business DUDDODIO 2201 SAWGRASS VILLAGE DR 2201 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 Principal Place of Business 3. Mailing Address Theareens 2nd MOORE CR2E034 (4/06) Applied For City & State 13-4244365 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIEGEL, EMILY B 2201 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32082 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 regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$55000 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Riegel, Emily B ☐ Delete RIEGEL, EMILY B 1538 The greens Way swife 101 NAME NAME 2201 SAWGRASS VILLAGE DR STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 on 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 reperyer or yustee entropy are to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #