2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000028923 BRANDON M. CROTTY, LMHC, CAP. P.A. Principal Place of Business Mailing Address 11742 OSWALT ROAD 11742 OSWALT ROAD CLERMONT, FL 34711 CLERMONT, FL 34711 03102005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0455714 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORDAN, EDWARD P II DO NOT WRITE 1460 EAST HIGHWAY 50 CLERMONT, FL 34711 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. MR. TITLE NAME CROTTY, BRANDON M U00000268780 STREET ADDRESS 11742 OSWALT ROAD 03/18/05-80057-007 15D.nn CLERMONT, FL 34711 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustoe 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:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED ON PRINTED MALE OF SCHING OFFICES ON DIRECTOR

3/14/05

321-231-0329

Daytime Phone #

FILED