

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032315

FILED
Mar 16, 2007
Secretary of State

Entity Name: MENSCHNER & ASSOCIATES COUNSELING SERVICES, INC.

Current Principal Place of Business:

375 DOUGLAS AVE
SUITE 2005
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

375 DOUGLAS AVE
SUITE 2005
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3772644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENSCHNER, PHILLIS
375 DOUGLAS AVE
SUITE 2005
ALTAMONTE SPRINGS, FL 32714 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: PST () Delete
Name: MENSCHNER, PHILLIS
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: MENSCHNER, PHILLIS
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENSCHNER, PHILLIS
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: MESSINEO, DOUG
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: MYERS, DENISE
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: MESSINEO, DOUG
Address: 375 DOUGLAS AVE STE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PHILLIS MENSCHNER

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date