

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033873

FILED
Mar 20, 2006
Secretary of State

Entity Name: PSYCHOTHERAPY AND NUTRITION ASSOCIATES, INC.

Current Principal Place of Business:

5265 NW 54TH ST.
COCONUT CREEK, FL 33073

New Principal Place of Business:

5820 N FEDERAL HWY STE A-2
BOCA RATON, FL 33487

Current Mailing Address:

5265 NW 54TH ST.
COCONUT CREEK, FL 33073

New Mailing Address:

5820 N FEDERAL HWY STE A-2
BOCA RATON, FL 33487

FEI Number: 42-1583567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARBER, PAMELA J
5265 NW 54TH ST.
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

GARBER, PAMELA J
5820 N FEDERAL HWY STE A-2
BOCA RATON, FL 33487 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GARBER, PAMELA J
Address: 5265 NW 54TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARBER, PAMELA J
Address: 5820 N FEDERAL HWY STE A-2
City-St-Zip: BOCA RATON, FL 33487

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: PAMELA J GARBER

PRES

03/20/2006

Electronic Signature of Signing Officer or Director

Date