

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036606

FILED
Jan 15, 2006
Secretary of State

Entity Name: GRELLING PSYCHOLOGY ASSOCIATES, PA

Current Principal Place of Business:

1860 N PINE ISLAND RD
#101
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

965 NORTH NOB HILL ROAD
#138
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 05-0562026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRELLING, BARBARA
965 NORTH NOB HILL ROAD
#138
PLANTATION, FL 33324 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: PSD () Delete
Name: GRELLING, BARBARA
Address: 965 NORTH NOB HILL ROAD
City-St-Zip: PLANTATION, FL 33324

Title: VTD () Delete
Name: GRELLING, KENT
Address: 965 NORTH NOB HILL ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GRELLING, BARBARA
Address: 965 NORTH NOB HILL ROAD #138
City-St-Zip: PLANTATION, FL 33324

Title: VTD (X) Change () Addition
Name: GRELLING, KENT
Address: 965 NORTH NOB HILL ROAD #138
City-St-Zip: PLANTATION, FL 33324

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: BARBARA GRELLING

PSD

01/15/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date