

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093449

FILED
Jan 11, 2007
Secretary of State

Entity Name: FINANCIAL PSYCHOLOGY CORPORATION

Current Principal Place of Business:

12555 BISCAYNE BLVD.
#882
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD.
#882
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-0355847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
STE 1
TALLAHASSEE, FL 32301 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: D () Delete
Name: SRYBNIK, MELVYN
Address: 1201 S VIEW DR
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete
Name: GURNEY, KATHLEEN
Address: 1201 S VIEW DR
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GURNEY, KATHLEEN
Address: 12555 BISCAYNE BLKVD., #882
City-St-Zip: NORTH MIAMI, FL 33181

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

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: KATHLEEN GURNEY

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date