2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096294

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Entity Name: PSYCHOTHERAPY AND TESTING CONSULTANTS, INC.

New Principal Place of Business: Current Principal Place of Business: 400 S DIXIE HWY STE 9 HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 400 S DIXIE HWY STE 9 HALLANDALE, FL 33009 FEI Number: 06-1710093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTSON, ISCHAJI 400 S DIXIE HWY STE 9 HALLANDALE, FL 33009 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition CABRERA, BEATRIZ ROBERTSON, ISCHAJI Name: 10498 SW 18TH STREET 801 SW/3RD AVE Address: HALLANDALE BEACH, FL 33009

Title: Name: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip:

Title: (X) Delete Title: Name: ROBERTSON, ISCHAJI Name: Address:

3030 COLLINS AVENUE SUITE 4D Address: MIAMI BEACH, FL 33140 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: ISCHAJI ROBERTSON 04/27/2005 D

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