

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096294

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** PSYCHOTHERAPY AND TESTING CONSULTANTS, INC.

**Current Principal Place of Business:**

925 OLD FEDERAL HIGHWAY  
A  
HALLANDALE, FL 33009

**New Principal Place of Business:**

15321 S. DIXIE HIGHWAY  
303 A  
MIAMI, FL 33157

**Current Mailing Address:**

P.O. BOX 2635  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** 06-1710093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTSON, ISHAJI  
925 OLD FEDERAL HIGHWAY  
A  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

ROBERTSON, ISHAJI  
15321 S. DIXIE HIGHWAY  
303 A  
MIAMI, FL 33157 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: \_\_\_\_\_

04/27/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBERTSON, ISHAJI  
Address: 801 SW 3RD AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ISHAJI N. ROBERTSON

OWNE

04/27/2008

Electronic Signature of Signing Officer or Director

Date