


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000112213  
 1. Entity Name  
 MENTAL HEALTH STRATEGIES, INC.



Principal Place of Business: 4110 127TH STREET WEST, SLIP # 25 (THE FLING), CORTEZ, FL 34215  
 Mailing Address: PO BOX 48481, SARASOTA, FL 34230



03302005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 60-0005216 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 MASTERS, MELINDA  
 4110 127TH STREET WEST  
 SLIP #25  
 CORTEZ, FL, FL 34215

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTERS, MELINDA
STREET ADDRESS	PO BOX 48481
CITY-ST-ZIP	SARASOTA, FL 34230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000338753  
 04/28/05-80049-006 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/18/05 Daytime Phone #: 941-321-0895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR