


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90096 007 \*\*\*150.00

<b>DOCUMENT # P03000112213</b>	
1. Entity Name <b>MENTAL HEALTH STRATEGIES, INC.</b>	

Principal Place of Business <b>4110 127TH STREET WEST SLIP # 25 (THE FLING) CORTEZ, FL 34215</b>	Mailing Address <b>PO BOX 48481 SARASOTA, FL 34230</b>
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**40100970**



2. Principal Place of Business - No P.O. Box # <b>8220 Bayshore Rd</b>	3. Mailing Address <b>PO Box 48481</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

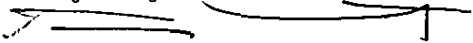
02132007 Chg-P CR2E034 (12/06)

City & State <b>Palmetto FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34221</b>	Zip <b>34230</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>60-0005216</b>	Applied For <input type="checkbox"/> Not Applicable
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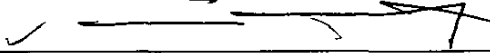
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MASTERS, MELINDA 4110 127TH STREET WEST SLIP #25 CORTEZ, FL, FL 34215</b>	7. Name and Address of New Registered Agent Name <b>MASTERS, MELINDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8218 Bayshore Rd.</b> <b>Palmetto</b> City <b>FL</b> Zip Code <b>34221</b>
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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 <b>4/24/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASTERS, MELINDA PO BOX 48481 SARASOTA, FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARNES, DAVID 8218 Bayshore Rd Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <b>3/27/07</b> Daytime Phone # <b>941-321-6895</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	