

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

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



Principal Place of Business  
 4110 127TH STEET WEST  
 SLIP # 25 (THE FLING)  
 CORTEZ, FL 34215

Mailing Address  
 PO BOX 48481  
 SARASOTA, FL 34230

40100970



2. Principal Place of Business - No P.O. Box #  
 8220 Bayshore Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 48481  
 Suite, Apt. #, etc.

02132007 Chg-P CR2E034 (12/06)

City & State  
 Palmetto FL

City & State  
 Sarasota FL

Zip Country  
 34221 USA

Zip Country  
 34230 USA

4. FEI Number  
 60-0005216

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name: MASTERS MELINDA  
 Street Address (P.O. Box Number is Not Acceptable): 8218 Bayshore Rd.  
 City: Palmetto FL Zip Code: 34221

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: 4/24/07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	MASTERS, MELINDA PO BOX 48481 SARASOTA, FL 34230	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete		TITLE CARNES, DAVID	
TITLE <input type="checkbox"/> Delete		TITLE 8218 BAYSHORE RD	
TITLE <input type="checkbox"/> Delete		TITLE PALMETTO, FL 34221	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: 3/27/07 DAYTIME PHONE #: 941-321-6895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR