## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90048 028 \*\*\*150.00

PRINCIPAL PIACO OF Business   Mailing Address   PALMETTO, FL 34221   PAL	DOCUMENT # P03000112213  1. Entity Name MENTAL HEALTH STRATEGIES, INC.						400639048028 ***130.00				
Suite, Apt. #, etc.	8220 BAYSH	IORE RD.	PO BOX 48481					<b>11</b> 171 14 116 16 1711	KINKI KINON K	11 <b>88</b> 1 (1 ( <b>18</b> )	
City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	<u>.                                    </u>							
Country   Zip   Country   Zip   Country   S. Certificate of Status Degined   \$8.75 Additional   Fee Required   Status Degined   \$8.75 Additional   Fee Required   Status Degined   \$8.75 Additional   Fee Required   Fee Required   Status Degined   \$8.75 Additional   Fee Required   Fee Requir	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008	Chg-P	CR2E034	1 (12/06)		
Signarum  OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WASTERS, MELINDA STRETA ADDRESS OFFI-ST-2P  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 11  THE WASTERS AND STRETA ADDRESS OFFI-ST-2P  OFFI-ST	City & State		City & State						<del></del>		
Name	Zip			Coun	try		-	□ ř.	e Require		
MASTERS MELINDA 8218 BAYSHORE RD PALMETTO, FL 34221  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Suprime Types of private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Suprime Types of private named tent if systems.   NOTE: Progressed Agent systems require requir		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Ag	ent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	8218 BAYSHORE RD.										
SIGNATURE   Signat					City			FL	Zip Cod	e	
### Part	8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or bot	th, in the State of Flo	orida. I am far	niliar with,	and accept	
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NQT	E: Registered	d Agent signature requi	red when reinstating)		DATE	<b>.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET				-	~ — *						
NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP  TITLE VP CARNES, DAVID S218 BAYSHORE RD PALMETTO, FL 34221  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NA	TITLE	P	☐ Delete	TITLE	:			[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	PO BOX 48481		STRE	ET ADDRESS						
NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP	NAME STREET ADDRESS	VP CARNES, DAVID 8218 BAYSHORE RD	☐ Delete	NAME STRE	ET ADDRESS	,		ſ	_ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delette	NAME STRE	E Et address			- [	] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREE	E Et adoress			[	_ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME STRE	E Et adoress			[	Change	☐ Addition	
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STRE CITY-	E ET ADDRESS - ST-ZIP					☐ Addition	

indicated on this report or supplied with this filtre 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: ⊻

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #