


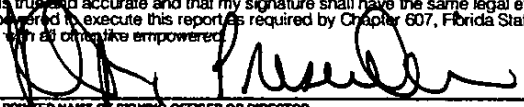
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 023 ***150.00

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DOCUMENT # P03000121892			
1. Entity Name PHOEBE'S COUNSELING CENTER, INC.			
Principal Place of Business 19 SOUTHERN CROSS CIR., #203 BOYNTON BEACH, FL 33436		Mailing Address P.O. BOX 287 WEST PALM BEACH, FL 33402	
2. Principal Place of Business		3. Mailing Address 1750 S. Federal Hwy. 305	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Bch FL	
Zip	Country	Zip	Country
		33483	
4. FEI Number 75-3149693		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, LASHONDA 500 N. CONGRESS AVENUE, #64 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Lashonda Bradley Street Address (P.O. Box Number is Not Acceptable) 6685 Pinson Ct City Port St Luke FL Zip Code 33495	
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 Lashonda Bradley, Vice President 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS SPIRES, RANDIESA 19 SOUTHERN CROSS CIR., #203 BOYNTON BEACH, FL 33436 <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	V BRADLEY, LASHONDA 500 N. CONGRESS AVENUE, #64 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/21/05 (501) 714-4861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	