## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000121892

Entity Name: PHOEBE'S COUNSELING CENTER, INC.

**FILED** Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

19 SOUTHERN CROSS CIR., #203 1045 SPRING MEADOWS DRIVE BOYNTON BEACH, FL 33436

KISSIMMEE, FL 34741

**Current Mailing Address: New Mailing Address:** 

1750 S FEDERAL HWY #305 1970 E. OSCEOLA PARKWAY

DELRAY BEACH, FL 33483

KISSIMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 75-3149693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRADLEY, LASHONDA SPIRES, RANDIESA PTS 6685 PINSTON CT 1045 SPRING MEADOWS DRIVE

PORT ST LUCIE, FL 33495 US KISSIMMEE, FL 34741

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.

SIGNATURE: RANDIESA SPIRES 04/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: (X) Change ( ) Addition

Name: SPIRES, RANDIESA Name: SPIRES, RANDIESA 19 SOUTHERN CROSS CIR., #203 1045 SPRING MEADOWS DRIVE Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: KISSIMEE, FL 34741

Title: (X) Delete Title: () Change () Addition

Name: BRADLEY, LASHONDA Name: 500 N. CONGRESS AVENUE, #64 Address: Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDIESA SPIRES **PTS** 04/28/2006