2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000121892

1. Entity Name
PHOEBE'S COUNSELING CENTER, INC.

FILED
2007 APR 25 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1045 SPRING MEADOWS DRIVE KISSIMMEE, FL 34741	1970 E. OSCEOLA PARKWAY 302 KISSIMEE, FL 34743

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
501 N. Orlando Ave.	501 N. Orlando Ave.
Suite, Apt. #, etc. Ste 313-317	Suite, Apt. #, etc. Ste, 313-317
City & State Winter Park Fl	City & State Winter Park Fl
Zip 32789 Country US	Zip 32789 Country US

04092007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3149693 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIRES, RANDIESA PTS 1045 SPRING MEADOWS DRIVE KISSIMMEE, FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (RandiesA Spires) 4-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS SPIRES, RANDIESA 1045 SPRING MEADOWS DRIVE KISSIMMEE, FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300097778943 04/23/07--01006--015 **150.00
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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: PTS 4-16-07 561-714-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #