


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90041 028 ***150.00

DOCUMENT # P03000121892	
1. Entity Name BEHAVIORAL INTERVENTIONS AND SUPPORT SERVICES, INC.	

Principal Place of Business 501 N. ORLANDO AVE STE 313-317 WINTER PARK, FL 32789 US	Mailing Address 501 N. ORLANDO AVE STE 313-317 WINTER PARK, FL 32789 US
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60025147



2. Principal Place of Business - No P.O. Box # 4468 Goldenraun Ct	3. Mailing Address 4468 Goldenraun Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. Orlando

04142008 Chg-P CR2E034 (12/06)

City & State Orlando FL	City & State Orlando FL
Zip 32808	Country US

4. FEI Number 75-3149693	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIRES, RANDIESA PTS 1045 SPRING MEADOWS DRIVE KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent	
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: [Signature]	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 <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	<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 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: [Signature]	Date: 4/14/08	Daytime Phone #: 324-299-7311
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