

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132622

FILED
Apr 20, 2008
Secretary of State

Entity Name: M. SIMONDS & ASSOCIATES, P.A.

Current Principal Place of Business:

2217 WILTON DRIVE
WILTON MANORS, FL 33305

New Principal Place of Business:

2647 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

Current Mailing Address:

2217 WILTON DRIVE
WILTON MANORS, FL 33305

New Mailing Address:

P.O. BOX 24443
FORT LAUDERDALE, FL 33307

FEI Number: 74-3108945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONDS, MICHAEL G
2217 WILTON DRIVE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

SIMONDS, MICHAEL G
2647 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33311 US

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: MICHAEL G. SIMONDS, PSY.D.

04/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMONDS, MICHAEL G
Address: 2217 WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

Title: VP () Delete
Name: SIMONDS, MICHAEL G
Address: 2217 WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

Title: SEC () Delete
Name: SIMONDS, MICHAEL G
Address: 2217 WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

Title: TREA () Delete
Name: SIMONDS, MICHAEL G
Address: 2217 WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMONDS, MICHAEL G
Address: P.O. BOX 24443
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: VP (X) Change () Addition
Name: SIMONDS, MICHAEL G
Address: P.O. BOX 24443
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: SEC (X) Change () Addition
Name: SIMONDS, MICHAEL G
Address: P.O. BOX 24443
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: TREA (X) Change () Addition
Name: SIMONDS, MICHAEL G
Address: P.O. BOX 24443
City-St-Zip: FORT LAUDERDALE, FL 33307

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL G. SIMONDS, PSY.D.

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date