
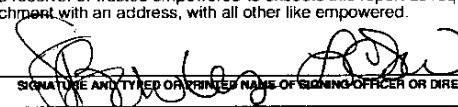


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90081 029 \*\*\*150.00

<b>DOCUMENT # P04000020221</b> 1. Entity Name <b>SHELLEY CARMINE BOWLES, LCSW, PA</b>																													
Principal Place of Business <b>5728 MAJOR BLVD SUITE 278 ORLANDO, FL 32819</b>			Mailing Address <b>5728 MAJOR BLVD SUITE 278 ORLANDO, FL 32819</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>20-0674628</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>BOWLES, SHELLEY LCSW 5728 MAJOR BLVD SUITE 278 ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>BOWLES, SHELLEY LCSW</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5728 MAJOR BLVD SUITE 278</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ORLANDO, FL 32819</b></td> <td></td> </tr> </table>			TITLE	P	Delete	NAME	<b>BOWLES, SHELLEY LCSW</b>		STREET ADDRESS	<b>5728 MAJOR BLVD SUITE 278</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change	Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b>  <b>4/11/05 (407) 325-5719</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													