

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028660

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: APPLIED BEHAVIORAL CHANGE P.A.

## Current Principal Place of Business:

10939 VERSAILLES BLVD  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

10939 VERSAILLES BLVD.  
CLERMONT, FL 34711

## New Mailing Address:

10939 VERSAILLES BLVD  
CLERMONT, FL 34711

FEI Number: 73-1697109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: WENNERSTROM, DEBORAH  
Address: 10939 VERSAILLES BLVD.  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DR. ( ) Change (X) Addition  
Name: DEBORAH WENNERSTROM  
Address: 10939 VERSAILLES BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: DR. ( ) Change (X) Addition  
Name: DEBORAH WENNERSTROM  
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Title: DR. ( ) Change (X) Addition  
Name: DEBORAH WENNERSTROM  
Address: 10939 VERSAILLES BLVD  
City-St-Zip: CLERMONT, FL 34711

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: DEBORAH WENNERSTROM

DR.

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date