2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005
Secretary of State

DOCUMENT# P04000035626

Entity Name: APPLIED CONCEPTS IN MENTAL HEALTH, INC.

Current Principal Place of Business:

1607 SW 157TH AVE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1607 SW 157TH AVE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-0864983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

EDWARD MORROW, MBA, CPA, P.A.
3355 ASHWOOD COURT
TARPON SPRINGS, FL 34688 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: EDWARD MORROW 06/10/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAHAM, BONNIE
Address: 1607 SW 157TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VSD ( ) Delete
Name: GRAHAM, MONIQUE
Address: 1607 SW 157TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Delete
Name: MORROW, EDWARD
Address: 1607 SW 157TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAHAM, BONNIE
Address: 3225 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: TD (X) Change ( ) Addition
Name: MORROW, EDWARD
Address: 3355 ASHWOOD COURT
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD MORROW TD 06/10/2005
Electronic Signature of Signing Officer or Director Date