

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


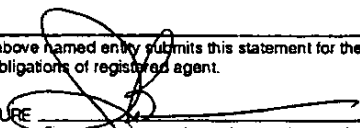
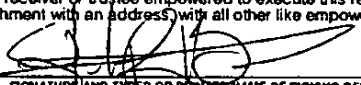
**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 005 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000059789</b>					
1. Entity Name <b>WORDS OF LIFE PROFESSIONAL COUNSELING SERVICES, INC.</b>					
Principal Place of Business <b>1527 DALE MABRY HWY STE 100 LUTZ FL 33548-3031</b>			Mailing Address <b>1527 DALE MABRY HWY STE 100 LUTZ FL 33548-3031</b>		
2. Principal Place of Business State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>108-0584425</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BRUND, IRENE B 1527 DALE MABRY HWY STE 100 LUTZ FL 33548-3031</b>				7. Name and Address of New Registered Agent Name <b>BRUNO IRENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> 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  DATE <b>4/8/05</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUND, IRENE B 1527 DALE MABRY HWY STE 100 LUTZ FL 33548-3031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUNO, IRENE SAME <input checked="" 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 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.					
SIGNATURE 				Date <b>3/1/05</b> Daytime Phone #	