2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000128318

Entity Name: BEHAVIOR & EDUCATION SOLUTIONS TEAM, INC

Current Principal Place of Business:

662 CRESSA CIRCLE
COCOA, FL 32926 US

New Principal Place of Business:

1633 EAST VINE STREET
110
KISSIMMEE, FL 34744 US

Current Mailing Address:

662 CRESSA CIRCLE
COCOA, FL 32926 US

New Mailing Address:

1633 EAST VINE STREET
110
KISSIMMEE, FL 34744 US

FEI Number: 20-1601601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, NORMAN S
4781 SOUTH ORANGE AVENUE
ORLANDO, FL 32806 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: DIR ( ) Delete
Name: BELSON, KENDRA P
Address: 430 INDIANA AVENUE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: DIR ( ) Delete
Name: GOIN, LORI A
Address: 662 CRESSA CIRCLE
City-St-Zip: COCOA, FL 32926 US

Title: DIR ( ) Delete
Name: GIGLIO, ANGELA
Address: 3200 PICKFAIR STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: BELSON, KENDRA P
Address: 2865 WILSON ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

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

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

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: LORI GOIN DIR 04/27/2005

Electronic Signature of Signing Officer or Director Date