

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90083 040 \*\*\*150.00

**DOCUMENT # P04000128318**

1. Entity Name  
**BEHAVIOR & EDUCATION SOLUTIONS TEAM, INC**



Principal Place of Business

1633 EAST VINE STREET  
110  
KISSIMMEE, FL 34744 US

Mailing Address

1633 EAST VINE STREET  
110  
KISSIMMEE, FL 34744 US

2. Principal Place of Business

3112 17th Street  
Suite, Apt. #, etc.  
St. Cloud, FL

3. Mailing Address

3112 17th Street  
Suite, Apt. #, etc.  
St. Cloud, FL

City & State

34769

City & State

34769

Zip

Country

Osceola

Zip

Country

Osceola



03142006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1601601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSS, NORMAN S  
4781 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
BELSON, KENDRA P  
2865 WILSON ROAD  
ST. CLOUD, FL 34772 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
GOIN, LORI A  
662 CRESSA CIRCLE  
COCOA, FL 32926 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
GIGLIO, ANGELA  
3200 PICKFAIR STREET  
ORLANDO, FL 32803 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Kendra P. Belson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 407-957-4870  
Date Daytime Phone