## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000149363

City-St-Zip:

BRADENTON, FL 34203

Entity Name: CHRISTIAN COUNSELORS, INC.

FILED Feb 26, 2007 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
3653 CORTEZ RD W			3653 CORTEZ RD W	3653 CORTEZ RD W	
120			110-l		
BRADENTON, FL 34207			·	BRADENTON, FL 34207	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2864 59 AY BRADENT	VE EAST FON, FL 34203	3			
FEI Number:	: 20-1871741	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC		A.			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( BURKE, SHAR 2864 59 AVE E BRADENTON,	AST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( SWEARINGEN 2864 59 AVE E BRADENTON,	AST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	STD ( BURKE, LINDA 2864 59 AVE E		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SHARON M. BURKE PD 02/26/2007