

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90003 041 ***158.75

DOCUMENT # P05000034572 1. Entity Name P.A.T.H.S. OF SUCCESS, INC.			
Principal Place of Business 13309 JOAN DRIVE TAMPA, FL 33617		Mailing Address 13309 JOAN DRIVE TAMPA, FL 33617	
2. Principal Place of Business 2348 Cobblefield Circle Suite, Apt. #, etc.		3. Mailing Address 2348 Cobblefield Circle Suite, Apt. #, etc.	
City & State Apopka, FL Zip 32703		City & State Apopka, FL Zip 32703	
4. FEI Number 02-0742867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWELL, KANTEASA E 13309 JOAN DRIVE TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Dr. Kanteasa E. Rowell Street Address (P.O. Box Number is Not Acceptable) 2348 Cobblefield Circle City Apopka, FL Zip Code 32703	
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: Dr. Kanteasa E. Rowell 5/24/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES <input type="checkbox"/> Delete NAME ROWELL, KANTEASA E STREET ADDRESS 13309 JOAN DRIVE CITY-ST-ZIP TAMPA, FL 33617	TITLE PRES/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dr. Kanteasa E. Rowell STREET ADDRESS 2348 Cobblefield Circle CITY-ST-ZIP Apopka, FL 32703		
TITLE SEC <input type="checkbox"/> Delete NAME PRINCE, ANDRETTA R STREET ADDRESS 543 WEST 14TH STREET CITY-ST-ZIP APOKA, FL 32703			
TITLE TREA <input type="checkbox"/> Delete NAME TYLER, JOHNNY STREET ADDRESS 424 WEST 5TH STREET CITY-ST-ZIP APOKA, FL 32703			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 			
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: Dr. Kanteasa E. Rowell 5/24/06 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small>		321-354-4582	