

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044683

FILED
Jan 15, 2006
Secretary of State

Entity Name: INNOVATIVE CHILDREN'S THERAPY, INC.

Current Principal Place of Business:

4819 FISKE CIRCLE
ORLANDO, FL 32826

New Principal Place of Business:

5423 LAKE HOWELL ROAD
WINTER PARK, FL 32792

Current Mailing Address:

4819 FISKE CIRCLE
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 54-2170281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: BRUNETTE, DAYNA
Address: 4819 FISKE CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: VD () Delete
Name: MACLAREN, TREVOR
Address: 4819 FISKE CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: STD () Delete
Name: WATSON, ARIANA
Address: 4819 FISKE CIRCLE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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.

SIGNATURE: DAYNA BRUNETTE

PD

01/15/2006

Electronic Signature of Signing Officer or Director

Date