


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90229 047 \*\*\*150.00

<b>DOCUMENT # P05000058097</b> 1. Entity Name <b>LALLY THERAPY SERVICES, INC.</b>					
Principal Place of Business <b>8410 144TH LANE SEMINOLE, FL 33776</b>			Mailing Address <b>8410 144TH LANE SEMINOLE, FL 33776</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>8140 Bayhaven Dr Seminole, FL</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20 2658325</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LALLY, PETER S 8410 144TH LANE SEMINOLE, FL 33776</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stuart MacCollom</b> <b>8140 Bayhaven Dr</b> <b>Seminole, FL 33776</b>		<input type="checkbox"/> Delete <b>VP</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Eileen Lally</b> <b>8410 144th Ln</b> <b>Seminole, FL 33776</b>		<input type="checkbox"/> Delete <b>Sec.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter Lally</b> <b>8410 144th Ln</b> <b>Seminole, FL 33776</b>		<input type="checkbox"/> Delete <b>Pres.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Blaine MacCollom</b> <b>8140 Bayhaven Dr</b> <b>Seminole, FL 33776</b>		<input type="checkbox"/> Delete <b>Trea.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Blaine MacCollom</u> <u>President</u> <u>1/17/05</u> <u>727 391 2021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					