

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060494

FILED
Apr 27, 2006
Secretary of State

Entity Name: SIMMONS COUNSELING SERVICES, P.A.

Current Principal Place of Business:

3330 SW 21 ST
FT LAUDERDALE, FL 33312

New Principal Place of Business:

THE ATRIUM CENTRE SUITE 206
4801 S UNIVERSITY DR
DAVIE, FL 33328

Current Mailing Address:

3330 SW 21 ST
FT LAUDERDALE, FL 33312

New Mailing Address:

4801 S UNIVERSITY DR
THE ATRIUM CENTRE SUITE 206
DAVIE, FL 33328

FEI Number: 90-0239714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, ELKE
3330 SW 21 ST
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SIMMONS, ELKE E PRES
3330 SW 21 ST
FT LAUDERDALE, FL 33312 US

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: ELKE E SIMMONS

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMMONS, ELKE
Address: 3330 SW 21 ST
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SIMMONS, ELKE
Address: 3330 SW 21 ST
City-St-Zip: FT LAUDERDALE, FL 33312

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: ELKE SIMMONS

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date