2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# P05000063869

Entity Name: SOLUTIONS COUNSELING, INC.

Current Principal Place of Business:

533 N NOVA RD
SUITE 203
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

570 MEMORIAL CIRCLE
SUITE 150
ORMOND BEACH, FL 32174 US

Current Mailing Address:

533 N NOVA RD
SUITE 203
ORMOND BEACH, FL 32174 US

New Mailing Address:

570 MEMORIAL CIRCLE
SUITE 150
ORMOND BEACH, FL 32174 US

FEI Number: 56-2520272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILCHER, G. MICHAEL
533 N NOVA RD, SUITE 203
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

PILCHER, G. MICHAEL PH.D.
570 MEMORIAL CIRCLE
SUITE 150
ORMOND BEACH, FL 32174 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: G. MICHAEL PILCHER, PH.D. 01/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: PILCHER, G. MICHAEL PH.D.
Address: 533 N NOVA RD, SUITE 203
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: PILCHER, G. MICHAEL PH.D.
Address: 570 MEMORIAL CIRCLE, SUITE 150
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify 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: G. MICHAEL PILCHER, PH.D. PTSD 01/24/2008
Electronic Signature of Signing Officer or Director Date