

2006 FOR PROFIT CORPORATE ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90108 031 ***158.75

DOCUMENT # P05000159335 1. Entity Name THE PSYCHOLOGY GROUP, INC.					
Principal Place of Business 13065 S.W. 9TH AVENUE MIAMI, FL 33176			Mailing Address 13065 S.W. 9TH AVENUE MIAMI, FL 33176		
2. Principal Place of Business 1200 Anastasia Avenue		3. Mailing Address 1200 Anastasia Avenue		02132008 Ctg-P CR2E034 (11/05)	
Suite, Apt. #, etc. 225		Suite, Apt. #, etc. 225		4. FEI Number 20-3894280	
City & State Coral Gables, FL		City & State Coral Gables, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33134	Country Dade	Zip 33134	Country Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIFAS, EAGAN 13065 S.W. 9TH AVENUE MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Howard E. Hammer, CPA Street Address (P.O. Box Number's Not Acceptable) 13450 W Sunrise Boulevard Suite 150 City Sunrise FL Zip Code 33323	
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 obligation of registered agent.					
SIGNATURE: <u>Eagan Rifas</u>				DATE: <u>2/21/06</u>	
FILE MONTH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RIFAS, EAGAN 13065 S.W. 9TH AVENUE MIAMI, FL 33176	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Anastasia Avenue, #225 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE: <u>Eagan Rifas</u>				DATE: <u>2/21/06</u> <u>30844040404</u>	



ATTACHMENT

40040020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

THE PSYCHOLOGY GROUP, INC.
1200 ANASTASIA AVE
225
MIAMI, FL 33134

Subject: THE PSYCHOLOGY GROUP, INC.

Reference Number: P05000159335

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL RE

Name <u>The Psychology Group, Inc</u>		0000.530734 (1000/BX, Rev. 04)	63-643/670
Account No. <u>* 2000025741258</u>		05429975	
Pay to the Order of <u>Division of Corporations</u>		Date <u>3/23/06</u>	
<u>One hundred fifty eight and 75/100</u>		\$ <u>158.75</u>	
<small>Look for: Micro Print signature line and Wachovia logo on back. If not present, do not cash.</small>			
WACHOVIA		Wachovia Bank, National Association Pompano, FL 33069	
For <u>Filing Fee and certificate of status</u>		<u>Eagan Rivas</u>	
⑆067006432⑆			