


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-28-2006 90030 017 ***155.00

DOCUMENT # P05000166109		
1. Entity Name FAMILY MEDIATION SPECIALISTS OF SOUTH FLORIDA, INC.		

Principal Place of Business 9035 NORTHWEST 51 PLACE CORAL SPRINGS, FL 33067	Mailing Address 9035 NORTHWEST 51 PLACE CORAL SPRINGS, FL 33067
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40101004



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAEFER, MARI C 9035 NORTHWEST 51 PLACE CORAL SPRINGS, FL 33067		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, MARI C	NAME	
STREET ADDRESS	9035 NORTHWEST 51 PLACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40101084

#P05000106109-1-21-06

To: Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Family Mediation Specialists
of South Florida.

Enclosed please find my check in the
Amount of \$150.00. After searching
my Family Mediation Specialist files
and checking with my accountant
I realized that I never received
the bill sent in January.

Per your recording on Phone #850 245 6056
I am enclosing the check for \$150.00
and this signed letter.

Thank You

Mari Schaefer

Family Mediation Specialist
of South Florida