

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024310

FILED
Jan 08, 2007
Secretary of State

Entity Name: AMERICAN COLLEGE OF CLINICAL SEXOLOGY, INC.

Current Principal Place of Business:

3203 LAWTON ROAD
SUITE 170
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

120 W.LAKE SUE AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-4456016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANZIG, WILLIAM
120 W. LAKE SUE AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANZIG, WILLIAM
Address: 120 W. LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: TSD () Delete
Name: WALKER, JAMES
Address: 3203 LAWTON ROAD STE.170
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: WALKER, JAMES
Address: 120 W. LAKE SUE AVE.
City-St-Zip: WINTER PARK, FL 32789 US

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: WILLIAM GRANZIG

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date