2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 31, 2007 8:00 am Secretary of State DOCUMENT # P06000049708 04-11-2007 90019 002 ***150.00 1. Entity Namo MARRIAGE & FAMILY SERVICES, INC. Principal Place of Business Mailing Address -12262 PLEASANT GREEN WAY BOYNTON BEACH FL 33437 12262 PLEASANT GREEN WAY BOYNTON BEACH FL 33437 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20- 4718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNDT, ERIC 12262 PLEASANT GREEN WAY Stroot Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 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 Agont signature required when reinstoring) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 me Delete THE ☐ Change Addition MUNDT, ERIC NAME NAM 12262 PLEASANT GREEN WAY STREET ADDRESS STOLE LADDRESS **BOYNTON BEACH FL 33437** CITY SI-ZIP CHY SLZP MILE Delete MH Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY ST ZIP HILL Dolete anu ☐ Change ☐ Addition NAME NAM STREET ADDRESS SHILL LADDRESS CITY ST-77P CITY-ST ZIP DILE Delete 20701 Chaone ☐ Addition NAMI' MARK STRUET ADDRESSS SIDLE LADDRESS CITY-SI-ZIP CITY ST ZIP HHE ☐ Delete BIH ☐ Change ■ Addition MAMI STREET ADDRESS STHEET ADDRESS CHY-SI-ZIP CHY St ZIP ☐ Dokte ☐ Change Addition NAME NAMI STREET ADDRESS STRUET ADDRESS CHTY-ST-7IP CITY 51 7# 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early 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-art address, with all other like empowered.

RE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED