

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000052472

FILED
Sep 24, 2009
Secretary of State**Entity Name:** COUNSELING AND MEDIATION SERVICES, INC.**Current Principal Place of Business:**619 COVE BOULEVARD
SUITE A
PANAMA CITY, FL 32401**New Principal Place of Business:****Current Mailing Address:**2810 KRYSTAL LEIGH COURT
PANAMA CITY, FL 32405**New Mailing Address:****FEI Number:** 14-1958958**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARKS, ALLEN D
619 COVE BOULEVARD
SUITE A
PANAMA CITY, FL 32401 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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: MARKS, ALLEN D
Address: 619 COVE BOULEVARD
City-St-Zip: PANAMA CITY, FL 32401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN D. MARKS

PRES

09/24/2009

Electronic Signature of Signing Officer or Director_____
Date