

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064313

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: SIMON PSYCHOLOGICAL SERVICES, INC.

## Current Principal Place of Business:

5001 SOUTHWEST 20TH STREET  
6306  
OCALA, FL 34474 US

## New Principal Place of Business:

6455 SW 64TH AVENUE  
OCALA, FL 34474 US

## Current Mailing Address:

POST OFFICE BOX 522  
SUMTERVILLE, FL 33585 US

## New Mailing Address:

POST OFFICE BOX 773116  
OCALA, FL 34477 US

FEI Number: 56-2591465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TALKINGTON, ALISA S  
5001 SOUTHWEST 20TH STREET  
6306  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

TALKINGTON, ALISA S  
6455 SW 64TH AVENUE  
OCALA, FL 34474 US

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: ALISA SIMON TALKINGTON

03/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 522  
City-St-Zip: SUMTERVILLE, FL 33585 US

Title: S ( ) Delete  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 522  
City-St-Zip: SUMTERVILLE, FL 33585 US

Title: T ( ) Delete  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 522  
City-St-Zip: SUMTERVILLE, FL 33585 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TALKINGTON, ALISA S  
Address: PO BOX 773116  
City-St-Zip: OCALA, FL 34477 US

Title: S (X) Change ( ) Addition  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 773116  
City-St-Zip: OCALA, FL 34477 US

Title: T (X) Change ( ) Addition  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 773116  
City-St-Zip: OCALA, FL 34477 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: ALISA SIMON TALKINGTON

DR.

03/16/2007

Electronic Signature of Signing Officer or Director

Date