

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115824

FILED
Jan 20, 2009
Secretary of State

Entity Name: INTERCOASTAL COUNSELING SERVICES, INC.

Current Principal Place of Business:

660 LINTON BLVD.
#200 EX-1A
DELRAY BEACH, FL 33444

Current Mailing Address:

660 LINTON BLVD.
#200 EX-1A
DELRAY BEACH, FL 33444

New Principal Place of Business:

115 W. WOOLBRIGHT ROAD
#2
BOYNTON BEACH, FL 33435

New Mailing Address:

3125 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

FEI Number: 02-0786139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKER, LESLIE A MS.
660 LINTON BLVD.
200 EX -1A
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

ZUCKER, LESLIE A MS.
3125 S. SEACREST BLVD
BOYNTON BEACH, FL 33435 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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ZUCKER, LESLIE A
Address: 660 LINTON BLVD #200 EX-1A
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP () Delete
Name: ZUCKER, LESLIE A
Address: 660 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33444

Title: SEC () Delete
Name: ZUCKER, LESLIE A
Address: 660 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ZUCKER, LESLIE A
Address: 3125 S. SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP (X) Change () Addition
Name: ZUCKER, LESLIE A
Address: 3125 S. SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC (X) Change () Addition
Name: ZUCKER, LESLIE A
Address: 3125 S. SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

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: LESLIE ZUCKER

OWNE

01/20/2009

Electronic Signature of Signing Officer or Director

Date