


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 017 ***150.00

DOCUMENT # P07000064841			
1. Entity Name DD PSYCHOLOGY, INC.			
Principal Place of Business 9900 STIRLING ROAD SUITE 207 COOPER CITY, FL 33024		Mailing Address 9900 STIRLING ROAD SUITE 207 COOPER CITY, FL 33024	
2. Principal Place of Business - No P.O. Box # 9900 STIRLING RD - 2nd Floor		3. Mailing Address 9900 STIRLING RD - 2nd Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City, FL		City & State Cooper City, FL	
Zip 33024		Zip 33024	
Country USA		Country USA	
4. FEI Number 51-0638169		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARR, BRUCE E 5121 S.W. 90TH AVE 3 COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name HENRY BLEIET CPA Street Address (P.O. Box Number is Not Acceptable) 1776 N. Pine Island Rd 14 (130) City Ft Lauderdale FL Zip Code 33322	
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 Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFIN, DONNA 9900 STIRLING ROAD SUITE 207 COOPER CITY, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFIN, DONNA 9900 STIRLING RD 2nd Floor Cooper City, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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