2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P08000001588

Entity Name: RESILIENCE COUNSELING CENTER, INC.

Current Principal Place of Business:

1755 W. BROADWAY AVE, SUITE 7
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 622601
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 26-1677892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF PHILIP S. KAPROW, P.A.
798 EXECUTIVE DRIVE
SUITE B
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KAPROW & STRATTON, PL
1318 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708 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: PHILIP KAPROW, MGR 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ASTRINGER, KAREN
Address: P.O. BOX 622601
City-St-Zip: OVIEDO, FL 32762 US

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: KAREN ASTRINGER PSTD 04/16/2009
Electronic Signature of Signing Officer or Director Date