## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000016326

Entity Name: CENTER FOR FAMILY SOLUTIONS INC.

FILED Apr 05, 2009 Secretary of State

Current P	Principal Place of Business:		New Principal Place	of Business:
	ES ROAD, SUITE 106 PRINGS, FL 33067 US			
Current Mailing Address:			New Mailing Address:	
	ES ROAD, SUITE 106 PRINGS, FL 33067 US			
FEI Number	: 26-3275475 FEI Number App	ied For()  FE	El Number Not Applicable()	Certificate of Status Desired ( )
Name and	d Address of Current Register	ed Agent:	Name and Address	of New Registered Agent:
	DAVID ES ROAD, SUITE 106 PRINGS, FL 33067 US			
	e named entity submits this state e of Florida.	ment for the purpo	ose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electronic Signature of R	egistered Agent		Date
Election Ca	mpaign Financing Trust Fund Contr	oution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES () Delete BAILIN, CINDY 7301 WILES ROAD, SUITE 106 CORAL SPRINGS, FL 33067 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TRES () Delete YUDELL, DAVID 7301 WILES ROAD, SUITE 106 CORAL SPRINGS, FL 33067 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC () Delete BAILIN, CINDY 7301 WILES ROAD, SUITE 106 CORAL SPRINGS, FL 33067 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	DIR () Delete YUDELL, DAVID 7301 WILES ROAD, SUITE 106 CORAL SPRINGS EL 33067 LIS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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: DAVID YUDELL DIR 04/05/2009