2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2012
Secretary of State

DOCUMENT# P11000080842

Entity Name: PSYCHOLOGY CONSULTING OPTIONS INC.

Current Principal Place of Business:

1716 19TH STREET
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1716 19TH STREET
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, JOSEPH
1716 19TH STREET
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD
Name: FOSTER, JOSEPH
Address: 1716 19TH STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: PD
Name: ORABONA FOSTE, ELAINE
Address: 1716 19TH STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: VPD
Name: BROWN, ANITA
Address: 1716 19TH STREET
City-St-Zip: NICEVILLE, FL 32578 US

I hereby 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 all other like empowered.

SIGNATURE: ELAINE ORABONA FOSTER PRES 03/16/2012

Electronic Signature of Signing Officer or Director Date