

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080923

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR AGGRESSION MANAGEMENT, INC.

**Current Principal Place of Business:**

905 LOTUS VISTA DRIVE  
SUITE 302  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2395  
WINTER PARK, FL 32790 US

**New Mailing Address:**

**FEI Number:** 59-3234359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRNES, JOHN D  
905 LOTUS VISTA DRIVE  
SUITE 302  
ALTAMONTE SPRINGS, FL 32714 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: CEO  
Name: BYRNES, JOHN D  
Address: 905 LOTUS VISTA DRIVE, SUITE 302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: JOHN D. BYRNES

CEO

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date