

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000085266

1. Entity Name
GUIDANCE CORPORATION



Principal Place of Business
470 BILTMORE WAY
#100
CORAL GABLES, FL 33134

Mailing Address
470 BILTMORE WAY
#100
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, FIRPO
470 BILTMORE WAY
STE 100
CORAL GABLES, FL 33134

03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0536778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GARCIA, FIRPO 470 BILTMORE WAY STE 100 CORAL GABLES, FL 33134
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 (305)448-2000

Date

Daytime Phone #