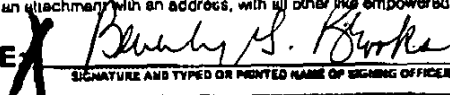


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90157 042 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000090319			
1. Entity Name PROFESSIONAL REHABILITATION CONSULTANTS OF NORTHWEST FLORIDA, INC.			
Principal Place of Business 4162 MADURA RD. GULF BREEZE, FL 32563		Mailing Address 4162 MADURA RD. GULF BREEZE, FL 32563	
2. Principal Place of Business 164 Courtyard Circle Suite, Apt. #, etc.		3. Mailing Address PO BOX 1898 Suite, Apt. #, etc.	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL	
Zip 32450		Zip 32459	
Country Walton		Country Walton	
4. FEI Number 59-3286882		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BROOKS, BEVERLY 4162 MADURA RD. GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOKS, BEVERLY 4162 MADURA RD. GULF BREEZE, FL 32563 164 Courtyard Circle Santa Rosa Beach FL 32459	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Brooks, Beverly address 164 Courtyard Circle Santa Rosa Beach, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 fees empowered.			
SIGNATURE  BEVERLY G. Brooks 4/24/06 850 267-3748			