

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048631

FILED
Jan 11, 2008
Secretary of State

Entity Name: PROFESSIONAL CRISIS MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

10273 NW 46 STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10273 NW 46 STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0599452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDENNBURG, CONSTANCE J
261 WESTWARD DRIVE
SUITE 208
MIAMI SPRINGS, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: FLEISIG, NEAL N
Address: 10273 NW 46 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: WINSTON, MERRILL
Address: 10273 NW 46 STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NEAL N. FLEISIG

ED

01/11/2008

Electronic Signature of Signing Officer or Director

Date