

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90304 033 \*\*\*150.00

**DOCUMENT # P96000043228**

1. Entity Name  
S.P.B. INDUSTRIAL PSYCHOLOGY, INC.



Principal Place of Business  
7800 W OAKLAND PARK BLVD, BLDG G  
SUNRISE, FL 33351 US

Mailing Address  
7800 W OAKLAND PARK BLVD BLDG G  
SUNRISE, FL 33351 US

90070510



**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0669067

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MICHAEL BRAULT CPA  
7800 W OAKLAND PARK BLVD  
BLDG G  
FORT LAUDERDALE, FL 33351

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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	P GAUTHIER, PIERRE 375 BOUL. ROLAND-THERRIEN #501 LONGUEUIL, QU J4H 4 E 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

*Pierre Gauthier*  
Date April 14 2006 Daytime Phone #