2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P96000058867

Entity Name: SHANLIS COUNSELING AND ASSESSMENT, INC.

Current Principal Place of Business:

207 SW 5TH STREET
STUART, FL 34994 US

New Principal Place of Business:

430 SW CALIFORNIA AVE
STUART, FL 34994 US

Current Mailing Address:

207 SW 5TH STREET
STUART, FL 34994 US

New Mailing Address:

430 SW CALIFORNIA AVE
STUART, FL 34994 US

FEI Number: 65-0677624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDNEY, STEVEN
207 SW 5TH STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

WILLIAMS, THEODORE G
430 SW CALIFORNIA AVE
STUART, FL 34994 US

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: THEODORE G. WILLIAMS 04/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WILLIAMS, THEODORE G. G
Address: 430 CALIFORNIA AVE
City-St-Zip: STUART, FL

Title: DOP ( ) Delete
Name: EDNEY, STEVEN
Address: 6620 SW GAINES AVE
City-St-Zip: STUART, FL 34937

Title: DOO ( ) Delete
Name: SCOTES, ATHENA
Address: 430 CALIFORNIA AVE.
City-St-Zip: STUART, FL 34934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: WILLIAMS, THEODORE G
Address: 430 CALIFORNIA AVE
City-St-Zip: STUART, FL

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 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: THEODORE G. WILLIAMS POB 04/22/2007
Electronic Signature of Signing Officer or Director Date