
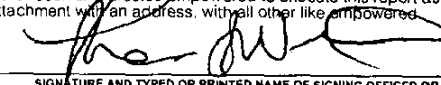


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 005 ***150.00

DOCUMENT # P96000058867 1. Entity Name SHANLIS COUNSELING AND ASSESSMENT, INC.					
Principal Place of Business 430 SW CALIFORNIA AVE STUART, FL 34994 US			Mailing Address 430 SW CALIFORNIA AVE STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 60 Chestnut Street Suite, Apt. #, etc.			
City & State		City & State Rhinebeck NY		4. FEI Number 65-0677624	
Zip 12572		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, THEODORE G 430 SW CALIFORNIA AVE STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD <input type="checkbox"/> Delete WILLIAMS, THEODORE G 430 CALIFORNIA AVE STUART, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Williams, Theodore G 60 Chestnut Street Rhinebeck, NY 12572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP <input type="checkbox"/> Delete EDNEY, STEVEN 6620 SW GAINES AVE STUART, FL 34937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edney, Steven 6620 SW Gaines Ave Stuart, FL 34937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOO <input type="checkbox"/> Delete SCOTES, ATHENA 430 CALIFORNIA AVE. STUART, FL 34934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scotes, Athena 60 Chestnut Street Rhinebeck, NY 12572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE:  Theodore G. Williams (845) 876-5669 <div style="display: flex; justify-content: space-between;"> 2/25/08 Date Daytime Phone # </div>					

40035922



02252008 Chg-P CR2E034 (12/06)