2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P96000067256

Entity Name: MEDPSYCH SYSTEMS, INC.

Current Principal Place of Business:

1135 HANSBERRY COURT
ORMOND BEACH, FL 32174

New Principal Place of Business:

772 COBBLESTONE WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

1135 HANSBERRY COURT
ORMOND BEACH, FL 32174

New Mailing Address:

772 COBBLESTONE WAY
ORMOND BEACH, FL 32174

FEI Number: 59-3411892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEAH, FL 321152491 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: D ( ) Delete
Name: SILVAIN, PETER B
Address: 1135 HANSBERRY COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: SILVAIN, PAMELA J
Address: 1135 HANSBERRY COURT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SILVAIN, PETER B
Address: 772 COBBLESTONE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition
Name: SILVAIN, PAMELA J
Address: 772 COBBLESTONE WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: PAMELA J. SILVAIN, PH.D. D 01/15/2007

Electronic Signature of Signing Officer or Director — Date