2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# P96000087873

Entity Name: BRIEF THERAPY CENTER, INC.

Current Principal Place of Business:

4141 NE 2ND AVE.
STE. 101B
MIAMI, FL 33137

New Principal Place of Business:

4141 NE 2ND AVE.
STE. 105E
MIAMI, FL 33137

Current Mailing Address:

4141 NE 2ND AVE.
105 E
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0716940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVA, EDMUND M.D
4141 NE 2ND AVE.
STE. 101B
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

CAVA, EDMUND M.D
4141 NE 2ND AVE.
STE. 105E
MIAMI, FL 33137 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: EDMUND CAVA M.D. 02/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAVA, EDMUND M.D.
Address: 4141 NE 2ND AVE STE 105E
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EDMUND CAVA M.D. PD 02/21/2006
Electronic Signature of Signing Officer or Director Date