

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094476

FILED
Feb 02, 2005
Secretary of State

Entity Name: WISE WAYS PSYCHOLOGICAL & CONSULTING SERVICES, INC.

Current Principal Place of Business:

809 FIRST STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

134 GLEN COVE PLACE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

809 1ST STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

134 GLEN COVE PLACE
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3417976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, STEVEN L
809 1ST STREET
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

WISE, STEVEN L
134 GLEN COVE PLACE
PONTE VEDRA BEACH, FL 32082 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:

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, STEVEN L
Address: 809 1ST STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: WISE, KELLY
Address: 809 1ST. STREET
City-St-Zip: NEPTUNE BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WISE, STEVEN L
Address: 134 GLEN COVE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition
Name: WISE, KELLY
Address: 134 GLEN COVE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN L. WISE

D

02/02/2005

Electronic Signature of Signing Officer or Director

Date