

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104217

FILED
Apr 28, 2006
Secretary of State

Entity Name: ADULT AND CHILDREN THERAPIES, INC.

Current Principal Place of Business:

853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0716207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMOMS BLVD
STUART, FL 34996 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: PST () Delete
Name: DUNNE, KATHERINE D G
Address: 101 OSCEOLA AVE.
City-St-Zip: HOBE SOUND, FL 33455

Title: V () Delete
Name: DUNNE, KATHERINE D G
Address: 101 OSCEOLA AVE.
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHERINE D.G. DUNNE

PST

04/28/2006

Electronic Signature of Signing Officer or Director

Date