# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 27, 2007**
**Secretary of State**

DOCUMENT# P97000028562

**Entity Name:** COUNSELING AND CERTIFICATION NETWORK, INC.

**Current Principal Place of Business:**

6111 SOUTH POINT BLVD.
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

5 PLANTATION WAY
ALLENTOWN, NJ 08501

**New Mailing Address:**

45 WYCKOFF DR
PITTSTOWN, NJ 08867

**FEI Number: 65-0740794** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMOLA, DAVID T
6111 SOUTH POINT BLVD.
FORT MYERS, FL 33919 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: DEMOLA, DAVID T
Address: 65 CROSS ROAD
City-St-Zip: COLTS NECK, NJ 07722

Title: S ( ) Delete
Name: DEMOLA, DIANE B
Address: 65 CROSS ROAD
City-St-Zip: COLTS NECK, NJ 07722

Title: D ( ) Delete
Name: NATALE, LEO S
Address: 5 PLANTATION WAY
City-St-Zip: ALLENTOWN, NJ 08501

Title: T ( ) Delete
Name: NATALE, CAROLYN G
Address: 5 PLANTATION WAY
City-St-Zip: ALLENTOWN, NJ 08501

Title: D (X) Delete
Name: NATALE, CAROLYN G
Address: 5 PLANTATION WAY
City-St-Zip: ALLENTOWN, NJ 08852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NATALE, ELIO S
Address: 45 WYCKOFF DR
City-St-Zip: PITTSTOWN, NJ 08867

Title: T (X) Change ( ) Addition
Name: NATALE, CAROLYN G
Address: 45 WYCKOFF DR
City-St-Zip: PITTSTOWN, NJ 08867

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN G NATALE T 11/27/2007

Electronic Signature of Signing Officer or Director — Date