2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P98000046019

Entity Name: CREATIVE COUNSELING SERVICES OF GAINESVILLE, INC.

Current Principal Place of Business:

CREATIVE COUNSELING SER. OF GAINS., INC.
4001 NEWBERRY ROAD STE D-4
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

CREATIVE COUNSELING SER. OF GAINS., INC.
4001 NEWBERRY ROAD STE D-4
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3507111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JOHN
4001 NEWBERRY ROAD
STE-D-4
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

JONES, JOHN E
4001 NEWBERRY ROAD
STE-D-4
GAINESVILLE, FL 32607 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: JOHN E JONES 04/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, JOHN E
Address: 12015 N.W. 129TH TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete
Name: JONES, JUDY
Address: 12015 NW 129 TERR
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete
Name: JONES, JUDY
Address: 12015 NW 129 TER
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN E JONES PD 04/19/2006
Electronic Signature of Signing Officer or Director Date