2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

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Entity Name: MICHAEL K. JOHNSON, PH.D. AND ASSOCIATES, CLINICAL AND CONSULTING SERVICES, P.A.

Current Principal Place of Business:

2011 W. CLEVELAND ST., STE F
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18441
TAMPA, FL 336798441

New Mailing Address:

P.O. BOX 18441
TAMPA, FL 33679

FEI Number: 59-3558924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL K PH.D.
4301 W. CORONA ST.
TAMPA, FL 33629 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: DR. ( ) Delete
Name: JOHNSON, MICHAEL K PH.D.
Address: P.O BOX 18441
City-St-Zip: TAMPA, FL 336798441

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 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: MICHAEL K. JOHNSON, PH.D. PRES 07/02/2007

Electronic Signature of Signing Officer or Director — Date