


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90014 028 ***150.00

DOCUMENT # P99000016514 1. Entity Name NATIONAL FAMILY WEALTH COUNSELING, INC.					
Principal Place of Business 201 ALBAMBRA CIR STE 510 CORAL GABLES, FL 33134			Mailing Address 201 ALBAMBRA CIR STE 510 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 9501 SW 61 CT.		3. Mailing Address 9501 SW 61 CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pinecrest FL		City & State Pinecrest FL		4. FEI Number 65-0941821	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, ROBERT M 201 ALBAMBRA CIR STE 510 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Robert M. Oliver Street Address (P.O. Box Number is Not Acceptable) 9501 SW 61 CT City Pinecrest FL Zip Code 33156			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Robert M. Oliver</i></u> ROBERT M OLIVER 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVER, ROBERT M 201 ALBAMBAM CIR SYE 510 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLIVER, HEIDE 201 ALBAMBAM CIR. STE 510 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAATTAMA, HENRY H JR. ONE SE. THIRD AVE. 28TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert M. Oliver</i></u> ROBERT M OLIVER 3/20/07 305 661 9501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					