2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P99000019608

Entity Name: PSYCHORESTOLOGY, INC.

Current Principal Place of Business:

7573 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4846 N. UNIVERSITY DRIVE
#240
LAUDERHILL, FL 33351

New Mailing Address:

4072 INVERRARY DR
LAUDERHILL, FL 33319

FEI Number: 65-1009402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FABRE, GEORGE DR
4846 N. UNIVERSITY DR.
#240
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

FABRE SR, GEORGE DR
4072 INVERRARY DR
LAUDERHILL, FL 33319 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: GEORGE FABRE SR 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FABRE, GEORGE DR
Address: 4501 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete
Name: FABRE, YOLETTE
Address: 4501 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FABRE SR, GEORGE DR
Address: 4072 INVERRARY DR
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Change ( ) Addition
Name: FABRE, YOLETTE
Address: 4072 INVERRARY DR
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE FABRE SR PD 04/29/2005
Electronic Signature of Signing Officer or Director Date