2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019608

Entity Name: PSYCHORESTOLOGY, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	AKLAND PARK LL, FL 33319	BLVD.					
Current Mailing Address:				New Mailing Address:			
7573 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319							
FEI Number:	65-1009402	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FABRE, YOLETTE 7573 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319 US				LAW OFFICES OF GABRIELLE ALEXIS, P.A. 1325 CONGRESS AVENUE SUITE 100 BOYNTON BEACH, FL 33426 US			
The above in the State		bmits this statement for the pur	rpose of	f changing it	s registered of	fice or registered agent,	or both,
SIGNATURE: GABRIELLE ALEXIS				04/30/2009			
	Electronic	Signature of Registered Agen	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E FABRE, YOLETTI 7573 W. OAKLAN LAUDERHILL, FL	ID PARK BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () C FABRE JR., GEO 7573 W. OAKLAN LAUDERHILL, FL	ID PARK BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E TELLUS, VERNAI 7573 W. OAKLAN LAUDERHILL, FL	ID PARK BLVD.		Title: Name: Address: City-St-Zip:	TELLUS, VERNA	ND PARK BLVD.	
Title: Name: Address: City-St-Zip:	D () D HARRIGAN, GAS 7573 W. OAKLAN LAUDERHILL, FL	TRIDE ID PARK BLVD.		Title: Name: Address: City-St-Zip:	HARRIGAN, GAS	ND PARK BLVD.	
Title: Name: Address: City-St-Zip:	D () E SAINT-PIERRE, M 7573 W. OAKLAN LAUDERHILL, FL	ID PARK BLVD.		Title: Name: Address: City-St-Zip:	ST. PIERRE, MA	ND PARK BLVD.	
Title: Name: Address: City-St-Zip:	D () E INNOCENT, DANI 7573 W. OAKLAN LAUDERHILL, FL	ID PARK BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: YOLETTE FABRE PD 04/30/2009