

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029667

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: CHILDREN'S PSYCHOLOGY ASSOCIATES, INC.

## Current Principal Place of Business:

2771 EXECUTIVE PARK DRIVE  
SUITE 6  
FORT LAUDERDALE, FL 33331

## New Principal Place of Business:

440 SAWGRASS PARKWAY  
SUITE 106  
SUNRISE, FL 33325

## Current Mailing Address:

2771 EXECUTIVE PARK DRIVE  
SUITE 6  
FORT LAUDERDALE, FL 33331

## New Mailing Address:

440 SAWGRASS PARKWAY  
SUITE 106  
SUNRISE, FL 33325

FEI Number: 65-0908151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZEL, JOSE  
2771 EXECUTIVE PARK DRIVE  
SUITE 6  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

AZEL, JOSE  
440 SAWGRASS PARKWAY  
SUITE 106  
SUNRISE, FL 33325 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:

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: LUBIN, DAVID  
Address: 381 SW 190TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete  
Name: AZEL, JOSE  
Address: 2771 EXECUTIVE PARK DRIVE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: AZEL, JOSE  
Address: 440 SAWGRASS PARKWAY, SUITE 106  
City-St-Zip: SUNRISE, FL 33325

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: JOSE AZEL

CEO

01/31/2008

Electronic Signature of Signing Officer or Director

Date