


FILED
Mar 14, 2007 8:00 am
Secretary of State

20006101

DOCUMENT # P99000067048				Secretary of State 03-14-2007 90039 026 ***150.00	
1. Entity Name PSYCHOTHERAPUTIC ARTS INSTITUTE INC.					
Principal Place of Business 3773 CENTRAL AVE., STE C755 ST. PETERSBURG, FL 33713		Mailing Address 3773 CENTRAL AVE., STE C755 ST. PETERSBURG, FL 33713		20006101	
2. Principal Place of Business - No P.O. Box # 8950 Dr MLK ST NORTH		3. Mailing Address PO BOX 55368			
Suite, Apt. #, etc. SUITE 130		Suite, Apt. #, etc.		01152007 Chg-P CR2E034 (12/06)	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 59-3591937	
Zip 33702		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINEBRENNER, J M 3773 CENTRAL AVE., STE C755 ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North Suite 130 City St Petersburg FL Zip Code 33702			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 FORET, MARY 4201 WILLOW PARK DR. ORLANDO, FL 328352563	<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			
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: 		Mary Foret 3/7/07		727/327-1202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	