

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90025 041 ***150.00

DOCUMENT # P99000067048					
1. Entity Name PSYCHOTHERAPUTIC ARTS INSTITUTE INC.					
Principal Place of Business 8950 DR MLK ST NORTH SUITE 130 Z SAINT PETERSBURG, FL 33702			Mailing Address PO BOX 55368 SAINT PETERSBURG, FL 33732		
2. Principal Place of Business - No P.O. Box # 1384 - 54th AVE NE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St Petersburg FL		City & State		4. FEI Number 59-3591937	
Zip 33703		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WINEBRENNER, J M 8950 DR. MARTIN LUTHER KING ST NORTH SUITE 130 SAINT PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th AVE NE City ST PETERSBURG FL 33703		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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"/> Change <input type="checkbox"/> Addition
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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>Mary T. Foret</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/08 <small>Date</small>		727/327-1256 <small>Daytime Phone #</small>

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