

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067048

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** PSYCHOTHERAPUTIC ARTS INSTITUTE INC.

**Current Principal Place of Business:**

4201 WILLOW PARK DRIVE  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55368  
ST PETERSBURG, FL 33732

**New Mailing Address:**

**FEI Number:** 59-3591937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULT ONE INC  
3773 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FORET, MARY DR  
Address: 4201 WILLOW PARK DR.  
City-St-Zip: ORLANDO, FL 328352563 US

I hereby 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 all other like empowered.

SIGNATURE: MARY FORET

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date