

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22834

FILED
Jan 27, 2009
Secretary of State

Entity Name: BEACHES COUNSELING, INC.

Current Principal Place of Business:

645 MAYPORT RD
STE #3A
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

645 MAYPORT RD
STE #3A
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

645 MAYPORT ROAD
SUITE 3A
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

645 MAYPORT ROAD
SUITE 3A
ATLANTIC BEACH, FL 32233 US

FEI Number: 59-3048096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLIGOOD, LYNN
645 MAYPORT ROAD
STE #3B2
ATLANTIC BCH, FL 32233 US

Name and Address of New Registered Agent:

ALLIGOOD, LYNN
645 MAYPORT ROAD
SUITE 3A
ATLANTIC BCH, FL 32233 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:

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLIGOOD, LYNN L
Address: 645 MAYPORT ROAD #3A
City-St-Zip: ATLANTIC BEACH, FL

Title: VP () Delete
Name: LOWERY, C.C.,
Address: 645 MAYPORT ROAD #3A
City-St-Zip: ATLANTIC BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLIGOOD, LYNN L
Address: 645 MAYPORT ROAD #3A
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP (X) Change () Addition
Name: LOWERY, C.C.,
Address: 645 MAYPORT ROAD #3A
City-St-Zip: ATLANTIC BEACH, FL 32233

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: LYNN ALLIGOOD

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date