2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44715

Entity Name: CLINICAL & HEALTH PSYCHOLOGY INC.

FILED Jan 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6545 BOWDEN RD

JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

6545 BOWDEN RD

JACKSONVILLE, FL 32216 US

FEI Number: 59-3069553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STANLEY, FRANK G. STANLEY, FRANK G DR. 6545 BOWDEN RD 6545 BOWDEN RD

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 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: FRANK G. STANLEY, PH.D. 01/06/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition

 Name:
 STANLEY, FRANK G,
 Name:
 STANLEY, FRANK G DR.

 Address:
 6545 BOWDEN RD
 6545 BOWDEN RD

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: S () Delete Title: () Change () Addition

 Name:
 FRANTZ, DOREEN
 Name:

 Address:
 6545 BOWDEN RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216 US
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 HILL, JENNIFER
 Name:
 HILL, JENNIFER DR.

 Address:
 6545 BOWDEN RD
 Address:
 6545 BOWDEN RD

City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: JACKSONVILLE, FL 32216 US

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: FRANK G. STANLEY, PH.D. CEO 01/06/2008