2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🛮

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # S88779 1. Entity Name CENTER FOR COUNSELING & DEVELOPMENT, INC.						04-18-2005	90314 02	24 ***150).00	
Principal Place of Business Mailing Address						5	0037	197		
21301 POWERLINE RD 21301 POWERLINE RD SUITE 311						J	0037	161		
BOCA RATON, FL 33433-2305 US BOCA RATON, FL 33433-2305			05 US		i idensia ia	!		II eta ik etait etai		
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. June 1997 3. Mailing Address			1 DRIVE							
Suite, Apt. #, etc. Suite, Apt. #, etc.			Dille		04112005	Chg-P	CR2E0	34 (10/03)		
Gity & Stat	RATON- FI	City & State BOCA - RATON	FI		4. FEI Number 65-029				plied For t Applicable	
Zip 33.4	128 Country Zip 33428 Count				5. Certificate of Status Desired S8.75 Additional Fae Required					
	6. Name and Address of Current R	7. Name and Address of New Registered Agent								
TUCKER, KENNETH S				Name .:						
21301 POWERLINE RD 23289 TIMBERLY UR STE 314				ddress (F	P.O. Box Numb	er is Not Acceptabl	e)			
BOCA RATON, FL 33433-2385 3.3438						¥				
			City				FL	Zip Code	9	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		0.5-6-0-1-5	Pa		••					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees					
10.	OFFICERS AND D				ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	P TUCKER, KENNETH S	-25 5 4,14,15	TLE .				.	⊠ Change	Addition	
STREET ADDRESS	21301-POWERLINE RD-STE-314	sī	reet address	220	89 TIM	BERLY D TON, FI	IP D= 10			
CITY-ST-ZIP	BOCA RATON, FL 33433		TY-ST-ZIP	BOG	A RAT	TON, FI	3342			
TITLE NAME			ILE NME			2		☐ Change	☐ Addition	
STREET ADDRESS			reet address							
CITY-ST-ZIP			TY-ST-ZIP				-		•	
TITLE '			TLE Wie					☐ Change	Addition	
STREET ADORESS			reét address							
CITY-ST-ZIP		CI	TY-ST-ZIP							
TITLE			TLE			·		Change	Addition	
NAME STREET ADDRESS			ireet address							
CITY-ST-ZIP		•	TY-ST-ZIP							
TITLE			TLE					☐ Change	Addition	
NAME STREET ADDRESS			reet address							
CITY-ST-ZIP			TY-ST-ZIP					•		
TITLE			TLE			··		☐ Change	☐ Addition	
NAME STREET ADDRESS			reet adoress							
CITY-ST-ZIP		1 -	TY-ST-ZIP							
12. I hereby i	certify that the information supplied with to this report or supplemental report is	this filing does not qualify for the extrue and accurate and that my sign	remption stat	- ds	same legal effec	(i), Florida Statutes.	oath: that I a	ım an officer	or director	
indicated on this report or supplemental report is true and accurate and that my signature shall be a same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tustee empowered to execute this report as required by 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 propuered.										