2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2010
Secretary of State

DOCUMENT# V00591

Entity Name: FAMILY PSYCHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

801 2ND ST. N.
SUITE 7
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

801 2ND ST. N.
SUITE 7
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-3097140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMOOR-PEAL, ROSE PH,D
3079 LANDMARK BLVD.
#1605
PALM HARBOR, FL 34684 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR.
Name: DEMOOR-PEAL, ROSE M PH.D.
Address: 3079 LANDMARK BLVD., #1605
City-St-Zip: PALM HARBOR, FL 34684

Title: DR.
Name: SMITH, MICHAEL T PH.D.
Address: 1640 PARILLA CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DR.
Name: GEORGE, JEFFREY PSY.D.
Address: 1604 COUNRTY TRAILS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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: ROSE DEMOOR-PEAL DR. 01/16/2010

Electronic Signature of Signing Officer or Director Date