

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67314

FILED
Apr 20, 2009
Secretary of State

Entity Name: PSYCHOLOGICAL WELLNESS FOR CHILDREN AND FAMILIES, INC.

Current Principal Place of Business:

815 ORIENTAL AVE
STE 1
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

815 ORIENTAL AVE
STE 1
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3148003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

815 ORIENTA AVE
SUITE 1010
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

815 ORIENTA AVE
SUITE 1010
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of Current Registered Agent:

MARA, BARBARA
815 ORIENTAL AVE
STE 1
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MARA, BARBARA
815 ORIENTA AVE
SUITE 1010
ALTAMONTE SPRINGS, FL 32701 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: BARBARA A. MARA

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARA, BARBARA
Address: 815 ORIENTAL AVE STE 1
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MARA, BARBARA
Address: 815 ORIENTA AVE, SUITE 1010
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: BARBARA A MARA

DR

04/20/2009

Electronic Signature of Signing Officer or Director

Date