
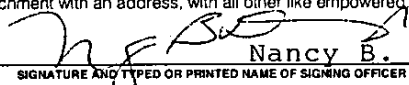


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 005 ***150.00

DOCUMENT # F98000002661			
1. Entity Name MHN SERVICES, INC.			
Principal Place of Business 1600 LOS GAMOS DR., #300 ATTN: NANCY B. DIAMOND SAN RAFAEL, CA 94903		Mailing Address 1600 LOS GAMOS DR., #300 ATTN: NANCY B. DIAMOND SAN RAFAEL, CA 94903	
2. Principal Place of Business 503 Canal Boulevard		3. Mailing Address 503 Canal Boulevard	
Suite, Apt. #, etc. Attn: Nancy Diamond		Suite, Apt. #, etc. Attn: Nancy Diamond	
City & State Point Richmond, CA		City & State Point Richmond, CA	
Zip 94804-3517	Country USA	Zip 94804-3517	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD COIL, GERALD 1600 LOS GAMOS DR STE 300 SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD Coil, Gerald 503 Canal Boulevard Point Richmond, CA 94804-3517 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, IAN A 1600 LOS GAMOS DR., STE 300 SAN RAFAEL, CA 949031807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shaffer, Ian A. 503 Canal Boulevard Point Richmond, CA 94804-3517 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBEL, JUDY 1600 LOS GAMOS DR., STE 300 SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kubel, Judy 503 Canal Boulevard Point Richmond, CA 94804-3517 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAMOND, NANCY B 1600 LOS GAMOS DR., #300 SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diamond, Nancy B. 503 Canal Boulevard Point Richmond, CA 94804-3517 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISBANE, LINDA 1600 LOS GAMOS DR., #300 SAN RAFAEL, CA 94903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James E. Woys 2025 Aerojet Road Rancho Cordova, CA 95742-6418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLICK, JEFFERY 1600 LOS GAMOS DR, STE 300 SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Follick, Jeffery 21650 Oxnard Street Woodland Hills, CA 91367 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Nancy B. Diamond, Secretary 5/17/05 415/491-7232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

