

2006 FOR PROFIT CORPORATION ANNUAL REPORT




FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90018 012 ***150.00

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05012006 Chg-P CR2E034 (11/05)

DOCUMENT # F98000002661					
1. Entity Name MHN SERVICES, INC.					
Principal Place of Business 503 CANAL BLVD ATTN: N. DIAMOND RICHMOND, CA 94804-3517			Mailing Address 503 CANAL BLVD ATTN: N. DIAMOND RICHMOND, CA 94804-3517		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4146179	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 5-3-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COIL, GERALD		NAME	BOCK, JUDY	
STREET ADDRESS	503 CANAL BLVD		STREET ADDRESS	503 Canal Blvd	
CITY-ST-ZIP	POINT RICHMOND, CA 948043517		CITY-ST-ZIP	Point Richmond, CA 94804-3517	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFER, IAN A		NAME	WOYS, JAMES E.	
STREET ADDRESS	503 CANAL BLVD		STREET ADDRESS	2025 AEROJET ROAD	
CITY-ST-ZIP	POINT RICHMOND, CA 948043517		CITY-ST-ZIP	RANCHO CORDOVA, CA 95742-4118	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBEL, JUDY		NAME		
STREET ADDRESS	503 CANAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	POINT RICHMOND, CA 948043517		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, NANCY B		NAME		
STREET ADDRESS	503 CANAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	POINT RICHMOND, CA 948043517		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOYA, JAMES E		NAME		
STREET ADDRESS	2025 AEROJET ROAD		STREET ADDRESS		
CITY-ST-ZIP	RANCHO CORDOVA, CA 957426418		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLICK, JEFFERY		NAME		
STREET ADDRESS	21650 OXMARD STREET		STREET ADDRESS		
CITY-ST-ZIP	WOODLAND HILLS, CA 91367		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Vice President		Secretary 5-3-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	