2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002661

MHN SERVICES, INC.



Principal Place of Business						600 m	TRA				_		
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Signature from the purpose of Changing its registered Agent 7. Name and Address of New Registered Agent 7. Name and Address Name Registered Agent 7. Name and Address (P.O. Decided 1. Name 1.	City & State			City & State									
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Floridary in the State of Florida. I am familiar with, an	Zip	Country	2	Zip .	Coun	try		5. Certificate	of Status Des	sired		\$8.75 Add Fee Required	itional 1
CTORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code		6. Name and Address of C	urrent Regist	ered Agent				7. Name and	Address of	New Re	gistered /	Agent	
Street Address (P.O. Box Number is Not Acceptable) City	C T CODD	ODATION SVETEM				Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tak in the State of Florida. DATE ### Comparison of Registered agent, or both, in the State of Florida. Tak in the State of Florida. ### DATE Tak in the State of Florida. ### Comparison of Registered agent, or both, in the State of Florida. ### DATE Tak in the State of Florida. ### Comparison of Registered agent, in the State of Florida. ### Comparison of Registered agent, in the State of Florida. ### Comparison of Registered agent, in the State of Florida. ### Comparison of Registered agent, in the State of Florida. ### Comparison of Registered agent, in the State of Florida. ### Comparison of Registered agent, in the State of Registered agent, in the State of Registered agent, i	1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)							
R. 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 Square, typed or revert return of registered agent and level appearance. PACTR Registered Agent agent are depending in a control agent and level appearance. PACTR Registered Agent agent are depending in a control agent and level appearance. PACTR Registered Agent agent are depending in a control agent agent agent are depending in a control agent age	LANIA	014, 1 2 00024										15.51	
SIGNATURE Signature, typinal or privinced registered agent and little displaced agent agent and little displaced agent and little displaced agent agen						City					FL	Zip Code	Đ Ì
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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.

SIG	NAT	URE
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NANCY B. DIAMOND, ESQ. VP/SECRETARY 3/23/07
SIGNA WERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

415-491-7232

Daytime Phone #

FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90020 050 ***150.00