

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002300

FILED
Apr 29, 2004
Secretary of State

Entity Name: AMERICAN CORRECTIVE COUNSELING SERVICES, INC.

Current Principal Place of Business:

180 AVENIDA LA PATA
200
SAN CLEMENTE, CA 92673

New Principal Place of Business:

Current Mailing Address:

180 AVENIDA LA PATA
200
SAN CLEMENTE, CA 92673

New Mailing Address:

FEI Number: 33-0686885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303 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: CP () Delete
Name: MEALING, DONALD R
Address: 4 VIA OLAS
City-St-Zip: SAN CLEMENTE, CA 92672

Title: VCS () Delete
Name: MEALING, MARY K
Address: 4 VIA OLAS
City-St-Zip: SAN CLEMENTE, CA 92672

Title: TD () Delete
Name: HASNEY, LYNN R
Address: 17 HALSEY AVE.
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MEALING, DONALD R
Address: PO BOX 11606
City-St-Zip: ZEPHYR COVE, NV 89448 US

Title: D (X) Change () Addition
Name: MEALING, MARY K
Address: PO BOX 11606
City-St-Zip: ZEPHYR COVE, NV 89448 US

Title: SD (X) Change () Addition
Name: HASNEY, LYNN R
Address: 23232 TASMANIA CIRCLE
City-St-Zip: MONARCH BEACH, CA 92629 US

Title: P () Change (X) Addition
Name: FISCHER, PAUL V
Address: 2600 BROKEN SPOKE WAY
City-St-Zip: PARK CITY, UT 84060 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN R HASNEY

SD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date