

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002300

FILED
Aug 28, 2007
Secretary of State

Entity Name: AMERICAN CORRECTIVE COUNSELING SERVICES, INC.

Current Principal Place of Business:

180 AVENIDA LA PATA
SAN CLEMENTE, CA 92673

New Principal Place of Business:

Current Mailing Address:

180 AVENIDA LA PATA
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:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DRIVE, SUITE 4
WESTON, FL 33331 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: NICOLE HASE

08/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: SCHRECK, MICHAEL
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFOS () Delete
Name: GALTON, ZANLEY III
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EV () Delete
Name: STOHLTON, BRETT
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C () Delete
Name: SCHRECK, RUSS
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ROTHCHILD, PETER
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: HARTMAN, STEVE
Address: 180 AVENIDA LA PATA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ZANLEY GALTON III

CFO

08/28/2007

Electronic Signature of Signing Officer or Director

Date