


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000002300
 1. Entity Name
AMERICAN CORRECTIVE COUNSELING SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 | Mailing Address 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
|--|--|

DO NOT WRITE IN THIS SPACE



05232008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 33-0686885 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000952385
 06/04/08-80078-000-550.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD SCHRECK, MICHAEL 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOS GALTON, ZANLEY III 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV STOHLTON, BRETT 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SCHRECK, RUSS 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROTHCHILD, PETER 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARTMAN, STEVE 180 AVENIDA LA PATA SAN CLEMENTE, CA 92673 |

DO NOT WRITE IN THIS SPACE

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 or other like empowered.

SIGNATURE: _____ **5-23-08 (949)369-6210**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #