2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P04000067922

Entity Name: J.W. BEHAVIOR SOLUTIONS, INC.

Current Principal Place of Business:

309 E. HANNA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

104 SHOREVIEW LANE
OLDSMAR, FL 34677

Current Mailing Address:

309 E. HANNA AVENUE
TAMPA, FL 33604

New Mailing Address:

104 SHOREVIEW LANE
OLDSMAR, FL 34677

FEI Number: 20-1178222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JASON WALLACE
309 EAST HANNA AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

JASON WALLACE
104 SHOREVIEW LANE
OLDSMAR, FL 34677 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: JASON WALLACE 01/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALLACE, JASON D
Address: 309 E. HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: V ( ) Delete
Name: WALLACE, JASON D
Address: 309 E. HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete
Name: WALLACE, JASON D
Address: 309 E. HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete
Name: WALLACE, JASON D
Address: 309 E. HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALLACE, JASON D
Address: 104 SHOREVIEW LANE
City-St-Zip: OLDSMAR, FL 34677

Title: V (X) Change ( ) Addition
Name: WALLACE, JASON D
Address: 104 SHOREVIEW LANE
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change ( ) Addition
Name: WALLACE, JASON D
Address: 104 SHOREVIEW LANE
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Change ( ) Addition
Name: WALLACE, JASON D
Address: 104 SHOREVIEW LANE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON WALLACE P 01/09/2007
Electronic Signature of Signing Officer or Director Date