2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067922

WALLACE, JASON D

OLDSMAR, FL 34677

104 SHOREVIEW LANE

Name:

Address:

City-St-Zip:

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

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 104 SHOREVIEW LANE OLDSMAR, FL 34677 **Current Mailing Address: 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: Name and Address of New Registered Agent: JASON WALLACE 104 SHOREVIEW LANE OLDSMAR, FL 34677 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WALLACE, JASON D Name: Name: 104 SHOREVIEW LANE Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: Title: () Delete () Change () Addition WALLACE, JASON D Name: Name: 104 SHOREVIEW LANE Address: Address: OLDSMAR, FL 34677 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WALLACE, JASON D Name: Name: 104 SHOREVIEW LANE Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON WALLACE P 02/05/2008