2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# 744231

Entity Name: ABUSE COUNSELING AND TREATMENT, INC.

Current Principal Place of Business:

407-11 CENTER ROAD
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60401
FT MYERS, FL 339060401 US

New Mailing Address:

FEI Number: 59-1864735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARBUR, DAVID PRES
1530 HEITMAN STREET FL6198
SECOND FLOOR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BARBUR, DAVID PRES
1565 RED CEDAR DRIVE
FORT MYERS, FL 33907 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: _____ 01/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: JOHNSON, KATHLEEN
Address: 5238 SW 2ND AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: ZEH, JACKIE
Address: P.O. BOX 60139
City-St-Zip: FORT MYERS, FL 33906

Title: CEO ( ) Delete
Name: BENTON, JENNIFER L L
Address: 20 FALCONWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete
Name: CHOUINARD, HEATHER
Address: 822 SW 46TH STREET, APT. 9
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: WEINER, JUDY
Address: 834 SW 56TH STREET
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER L. BENTON CEO 01/14/2008
Electronic Signature of Signing Officer or Director — Date