


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 713689
 1. Entity Name
PALM BEACH HABILITATION CENTER, INC.



Principal Place of Business 4522 SOUTH CONGRESS AVENUE 4522 CONGRESS AVE. LAKE WORTH, FL 33461	Mailing Address 4522 SOUTH CONGRESS AVENUE 4522 CONGRESS AVE. LAKE WORTH, FL 33461
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01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-6213381	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOLFF, BABETTE
 2500 S OCEAN BLVD #3-3C
 PALM BCH, FL 33480

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JOHNNY 1525 6TH STR W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WOLFF, BABETTE 2500 S. OCEAN BLVD. #3-3C PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MILLER, BEVERLEE 9125 DUNDEE DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLAMM, ALEC 2000 S. OCEAN BLVD. #305N PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MOORE, E. EARL 1510 MENORCA COVET WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILIPS, TINA 323 LIVE OAK LANE BOYNTON BCH, FL

U00000003177
 01/13/04-80045-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tina Philips* 1/6/04 561-965-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #