2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005098

FILED Feb 28, 2007 Secretary of State

Entity Name: PROVIDENCE COMMUNITY SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 210 S CENTRE ST POTTSVILLE, PA 17901 **Current Mailing Address: New Mailing Address:** 210 S CENTRE ST 5524 E 4TH STREET POTTSVILLE, PA 17901 TUCSON, AZ 85711 FEI Number: 23-2820336 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition

Title: () Delete Title: MCCUSKER, FLETCHER J MCCUSKER, FLETCHER J Name: Name: % 210 S CENTRE ST 5524 E 4TH STREET Address: Address: City-St-Zip: POTTSVILLE, PA 17901 City-St-Zip: TUCSON, AZ 85711

Title: STD () Delete Title: STD (X) Change () Addition

Name: DEITCH, MICHAEL N Name: DEITCH, MICHAEL N % 210 S CENTRE ST 5524 E 4TH STREET Address: Address: POTTSVILLE, PA 17901 TUCSON, AZ 85711 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

NORRIS, CRAIG NORRIS, CRAIG Name: Name: % 210 S CENTRE ST 5524 E 4TH STREET Address: Address: City-St-Zip: POTTSVILLE, PA 17901 City-St-Zip: TUCSON, AZ 85711

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: MICHAEL DEITCH STD 02/28/2007