

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002744

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: ASSISTIVE THERAPY SOLUTIONS, INC.

## Current Principal Place of Business:

143 DEPOT RD  
HAWTHORNE, FL 32640

## New Principal Place of Business:

## Current Mailing Address:

143 DEPOT RD  
HAWTHORNE, FL 32640

## New Mailing Address:

FEI Number: 58-2435957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SELLERS, DAVID  
143 DEPOT RD  
HAWTHORNE, FL 32640      US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: SELLERS, JANNET  
Address: 143 DEPOT RD  
City-St-Zip: HAWTHORNE, FL 32640

Title: S ( ) Delete  
Name: JONCZYK, CAMMIE  
Address: 1425 RIDGEMILL TERR  
City-St-Zip: DACULA, GA 30019

Title: T ( ) Delete  
Name: SELLERS, DAVID  
Address: 143 DEPOT RD  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SELLERS, JANNET  
Address: 143 DEPOT RD  
City-St-Zip: HAWTHORNE, FL 32640

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

Title: P,T (X) Change ( ) Addition  
Name: SELLERS, DAVID  
Address: 143 DEPOT RD  
City-St-Zip: HAWTHORNE, FL 32640

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.

SIGNATURE: DAVID SELLERS

PRES

04/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date