2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N03000001514

Entity Name: ATTACHMENT SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

427 CENTERPOINTE CIR., STE. 1878
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

427 CENTERPOINTE CIR., STE. 1878
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 33-1046219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUERARD, TERESA
427 CENTERPOINTE CIR., STE. 1878
ALTAMONTE SPRINGS, FL 32701 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUERARD, TERESA
Address: 1571 PINE COURT
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: DOWNING, DENISE
Address: 10148 RIVERS TRAIL DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: GUERARD, BREANA
Address: 1571 PINE COURT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BAKER, YVONNE
Address: 427 CENTERPOINTE CIRCLE, SUITE 1878
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: TERESA GUERARD D 05/29/2007

Electronic Signature of Signing Officer or Director — Date