2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000007775

Entity Name: DRUG TESTING AND COUNSELING SERVICES, INC

Current Principal Place of Business:

2677 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2677 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 20-3218543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUSTER, GEORGETTA M
1810 EVERGREEN DRIVE
WEST PALM BEACH, FL 33406 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: CEO ( ) Delete
Name: LIRA, PATRICIA A
Address: 9139 PARKWAY DRIVE
City-St-Zip: HIGHLAND, IN 46322 US

Title: SEC ( ) Delete
Name: KRIZMAN-KOLOWSKI, GAIL
Address: 15220 CHASE STREET
City-St-Zip: CROWN POINTE, IN 46307 US

Title: TREA ( ) Delete
Name: LIRA, LOUIS C
Address: 116TH 44TH STREET
City-St-Zip: ST. BEACH, FL 33706 US

Title: BM ( ) Delete
Name: GUSTAFSON, JULIANN H
Address: 13914 CYPRESS WOOD CROSSING
City-St-Zip: HOUSTON, TX 77070 US

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:

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

SIGNATURE: PATRICIA LIRA PRES 04/28/2006

Electronic Signature of Signing Officer or Director — Date