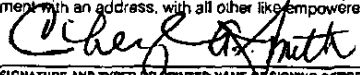


FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90192 012 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000003720			
1. Entity Name FIRST STEP ADOLESCENT SERVICES, INC.			
Principal Place of Business POST OFFICE BOX 622241 OVIEDO, FL 32762-2241		Mailing Address POST OFFICE BOX 622241 OVIEDO, FL 32762-2241	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3520393		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MICHAEL L ESQ 5458 HOFFNER AVENUE SUITE 303 ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CHERYL A 1711 CANOE CREEK ROAD OVIEDO, FL 327662241 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2910 Sweetspire Circle OVIEDO, FL 32765 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JULIUS C 6057 MIRROR LAKE DR. LAS VEGAS, NV 89110 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacquelyn Moore 3363 Tarnberry Lane Lake Land, FL 33803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLMON, JACOB 2200 JUANITA AVE FORT PIERCE, FL 34946 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maurice Smith 2910 Sweetspire Circle OVIEDO, FL 32765 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACHAM, KIP 1627 RIVEREDGE DR. OVIEDO, FL 32766 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Cheryl A. Smith 4/24/04 407-977-0420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	