2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023944

Entity Name: CENTRAL FLORIDA YOUTH SERVICES, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4705 U.S. HWY. 17 N. 200 2ND AVENUE SOUTH

BOWLING GREEN, FL 33834 446

SAINT PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

4705 U.S. HWY. 17 N 200 2ND AVENUE SOUTH

BOWLING GREEN, FL 33834 446

SAINT PETERSBURG, FL 33701

FEI Number: 59-3703196 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:

BOWLIN, WALTER Q FORD, JOSHUA D 4705 U.S. HWY, 17 N. 200 2ND AVENUE

BOWLING GREEN, FL 33834 US #446

SAINT PETERSBURG, FL 33701 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: JOSHUA D. FORD 04/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

BOWLIN, WALTER Q Name: Name: BOWLIN, WALTER Q 3411 FORELOCK ROAD 200 2ND AVENUE SOUTH #446 Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: SAINT PETERSBURG, FL 33701

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

FORD, JOSHUA D Name: FORD, JOSHUA D Name:

4705 US HWY 17 NORTH Address: 200 2ND AVENUE SOUTH #446 Address: BOWLING GREEN, FL 33834 SAINT PETERSBURG, FL 33701 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSHUA D FORD D 04/15/2005