2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000065441

Entity Name: ABSOLUTE CARE AND HABILITATIVE SERVICES INC.

Current Principal Place of Business:

7210 N MANHATTAN AVE APT 1114
TAMPA, FL 33614

New Principal Place of Business:

5651 KINGFISH DR
LUTZ, FL 33558

Current Mailing Address:

7210 N MANHATTAN AVE APT 1114
TAMPA, FL 33614

New Mailing Address:

5651 KINGFISH DR
LUTZ, FL 33558

FEI Number: 02-0626504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FASHOLA, SEKINAT O
7210 N MANHATTAN AVE APT 1114
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

MCNEIL, SEKINAT O
5651 KINGFISH DR
LUTZ, FL 33558 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: SEKINAT MCNEIL 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: FASHOLA, SEKINAT O
Address: 7210 N MANHATTAN AVE APT 1114
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete
Name: MCNEIL, JESSIE J
Address: 7210 N MANHATTAN AVE APT 1114
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MCNEIL, SEKINAT O
Address: 5651 KINGFISH DR
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Change ( ) Addition
Name: MCNEIL, JESSIE J
Address: 5651 KINGFISH DR.
City-St-Zip: LUTZ, FL 33558

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: SEKINAT MCNEIL CEO 04/30/2004
Electronic Signature of Signing Officer or Director Date