2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P02000065441

Entity Name: ABSOLUTE CARE AND HABILITATIVE SERVICES INC.

Current Principal Place of Business:

6022 SWEET WILLIAM TERRACE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

23110 SR.54
#207
LUTZ, FL 33549

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCNEIL, SEKINAT O CEO
6022 SWEET WILLIAM TERRACE
LAND O LAKES, FL 34639 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
Name: MCNEIL, SEKINAT O
Address: 6022 SWEET WILLIAM TERRACE
City-St-Zip: LAND O LAKES, FL 34639

Title: CEO
Name: MCNEIL, JESSIE J
Address: 6022 SWEET WILLIAM TERRACE
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: SEKINAT O. MCNEIL CEO 04/28/2011

Electronic Signature of Signing Officer or Director — Date