2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122521

Entity Name: YACAVONE HOME THERAPY, INC.

FILED Apr 21, 2004 Secretary of State

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

1796 WEST SHORES ROAD 1796 WEST SHORES ROAD MELBOURNE, FL 32935 US

Current Mailing Address: New Mailing Address:

1796 WEST SHORES ROAD
MELBOURNE, FL 32935

1796 WEST SHORES ROAD
MELBOURNE, FL 32935

US

FEI Number: 90-0053175 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:

YACAVONE, JENNIFER L
1796 WEST SHORES ROAD
MELBOURNE, FL 32935

FITZGERALD, JENNIFER L
1796 WEST SHORES ROAD
MELBOURNE, FL 32935

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: JENNIFER L. FITZGERALD 04/21/2004

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 YACAVONE, JENNIFER L FITZGERALD, JENNIFER L Name: Name: 1796 WEST SHORES ROAD Address: 1796 WEST SHORES ROAD Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935

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: JENNIFER L. FITZGERALD P 04/21/2004