

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122521

Entity Name: YACAVONE HOME THERAPY, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

1796 WEST SHORES ROAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

7596 COFFEE RD
PEYTON, CO 80831 US

Current Mailing Address:

1796 WEST SHORES ROAD
MELBOURNE, FL 32935 US

New Mailing Address:

7596 COFFEE RD
PEYTON, CO 80831 US

FEI Number: 90-0053175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FITZGERALD, JENNIFER L
7596 COFFEE RD
PEYTON, FL 80831 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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FITZGERALD, JENNIFER L
Address: 1796 WEST SHORES ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZGERALD, JENNIFER L
Address: 7596 COFFEE RD
City-St-Zip: PEYTON, CO 80831

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

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date