

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004985

FILED
Mar 17, 2007
Secretary of State

Entity Name: P & B YOUTH TREATMENT SERVICES, INC.

Current Principal Place of Business:

P O BOX 1929
JASPER, FL 32052

New Principal Place of Business:

1124 PARK LANE
JASPER, FL 32052

Current Mailing Address:

P O BOX 1929
JASPER, FL 32052

New Mailing Address:

1124 PARK LANE
JASPER, FL 32052

FEI Number: 42-1607083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, DWIGHT
1124 PARK LANE
JASPER, FL 32052 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLOCK, DWIGHT
Address: P O BOX 1929
City-St-Zip: JASPER, FL 32052

Title: V () Delete
Name: BRINSON, PATRICK T
Address: P O BOX 1929
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: POLLOCK, JACQUELINE
Address: P O BOX 1929
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLLOCK, DWIGHT
Address: 1124 PARK LANE
City-St-Zip: JASPER, FL 32052

Title: V (X) Change () Addition
Name: BRINSON, PATRICK T
Address: 1124 PARK LANE
City-St-Zip: JASPER, FL 32052

Title: D (X) Change () Addition
Name: POLLOCK, JACQUELINE
Address: 1124 PARK LANE
City-St-Zip: JASPER, FL 32052

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DWIGHT POLLOCK

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date