

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007889

FILED
Apr 28, 2006
Secretary of State

Entity Name: INTEGRATED HABILITATION SERVICES, INC.

Current Principal Place of Business:

16141 SW 301 ST.
HOMESTEAD, FL 33033

New Principal Place of Business:

305 SOUTH FLAGLER AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

16141 SW 301 ST
HOMESTEAD, FL 33033

New Mailing Address:

305 SOUTH FLAGLER AVENUE
HOMESTEAD, FL 33030

FEI Number: 03-0501612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINLAN, MARGUERITE MS.
16141 SW 301 ST
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

QUINLAN, MARGUERITE MS.
305 SOUTH FLAGLER AVENUE
HOMESTEAD, FL 33030 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: _____

Electronic Signature of Registered Agent

04/28/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: QUINLAN, MARGUERITE
Address: 16141 SW 301ST
City-St-Zip: HOMESTEAD, FL 33033 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: QUINLAN, MARGUERITE
Address: 305 SOUTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030 FL

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: MARGUERITE QUINLAN

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date