

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 018 ***158.75

DOCUMENT # P03000009226					
1. Entity Name ALCOHOL ABUSE AND ADDICT ACTION HELP LINE, INC.					
Principal Place of Business 7000 NORTHEAST 8TH DRIVE BOCA RATON, FL 33487			Mailing Address 7000 NORTHEAST 8TH DRIVE BOCA RATON, FL 33487		
2. Principal Place of Business 160 SE 6th Ave Suite, Apt. #, etc. Unit A-1 City & State Delray Bch Zip 33483 Country USA		3. Mailing Address 160 SE 6th Ave Suite, Apt. #, etc. Unit A-1 City & State Delray Bch Zip 33483 Country USA			
4. FEI Number 20-0708322		04112005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HARRIGAN, PETER A 7000 NORTHEAST 8TH DRIVE BOCA RATON, FL 33487			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIGAN, PETER 7000 NE 8TH DR. BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/12/05 5614411016 Date Daytime Phone #		