2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057431

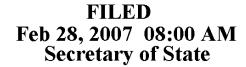
1. Entity Name INNOVATIVE TREATMENT SERVICES, INC.



Principal Place of Business

410 NW 3RD STREET OKEECHOBEE, FL 34972 Mailing Address

410 NW 3RD STREET OKEECHOBEE, FL 34972



U00000650946 03/08/07-80034-001 150.00



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0569057 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MOTHY H

DO NOT WRITE IN THIS SPAC

HUSSEY, TIMOTHY H 410 NW 3RD STREET OKEECHOBEE, FL 34972

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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

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSEY, TIMOTHY H 7582 PINE LAKES BOULEVARD PORT ST. LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUSSEY, KYLE 1531 SE PORTILLO ROAD PORT ST. LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUSSEY, IAN 1531 SE PORTILLO ROAD PORT ST. LUCIE, FL 34952	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUSSEY, LEEANNE 1531 SE PORTILLO ROAD PORT ST. LUCIE, FL 34952	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 atjachment with an address, with all other like empowered.

SIGNATURE!

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07

1863)467-5335