

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057431

FILED
Apr 18, 2008
Secretary of State

Entity Name: INNOVATIVE TREATMENT SERVICES, INC.

Current Principal Place of Business:

410 NW 3RD STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

410 NW 3RD STREET
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 05-0569057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSEY, TIMOTHY H
410 NW 3RD STREET
OKEECHOBEE, FL 34972 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: PD () Delete
Name: HUSSEY, TIMOTHY H
Address: 7582 PINE LAKES BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD () Delete
Name: HUSSEY, KYLE
Address: 1531 SE PORTILLO ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD () Delete
Name: HUSSEY, IAN
Address: 1531 SE PORTILLO ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD () Delete
Name: HUSSEY, LEEANNE
Address: 1531 SE PORTILLO ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUSSEY, TIMOTHY H
Address: 3808 MEDITERRANEAN LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD (X) Change () Addition
Name: HUSSEY, KYLE
Address: 9904 CHADWICK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: SD (X) Change () Addition
Name: HUSSEY, IAN
Address: 9904 CHADWICK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: TD (X) Change () Addition
Name: HUSSEY, LEEANNE
Address: 9904 CHADWICK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY H. HUSSEY

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date