2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2005
Secretary of State

DOCUMENT# P03000068794

Entity Name: THERAPEUTIC PRESENCE, INC.

Current Principal Place of Business:

1000 NW 130 STREET
N. MIAMI, FL 33168

New Principal Place of Business:

3154 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404

Current Mailing Address:

1000 NW 130 STREET
N. MIAMI, FL 33168

New Mailing Address:

3154 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404

FEI Number: 14-1887761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUSINEAU, LYNN M
1000 NW 130 STREET
N. MIAMI, FL 33168 US

Name and Address of New Registered Agent:

COUSINEAU, LYNN M
3154 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404 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: 03/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COUSINEAU, LYNN M
Address: 1000 NW 130 STREET
City-St-Zip: N. MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COUSINEAU, LYNN M
Address: 3154 LAUREL RIDGE CIRCLE
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN M. COUSINEAU MS. 03/27/2005
Electronic Signature of Signing Officer or Director — Date