

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084803

Entity Name: DRUG ALCOHOL SOLUTIONS, INC.

FILED
Feb 13, 2005
Secretary of State

Current Principal Place of Business:

13850 TREELINE AVE. S.
SUITE 3
FORT MYRES, FL 33186

Current Mailing Address:

13850 TREELINE AVE. S.
SUITE 3
FORT MYRES, FL 33186 US

New Principal Place of Business:

13850 TREELINE AVE. S.
SUITE 3
FORT MYERS, FL 33913 US

New Mailing Address:

541 E. MONROE ST.
JACKSONVILLE, FL 32202 US

FEI Number: 54-2153237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, DAVID R
541 E. MONROE ST.
JACKSONVILLE, FL 32202 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: P () Delete
Name: HOGAN, KRISTINA
Address: 13850 TREELINE AVE. S., SUITE 3
City-St-Zip: FORT MYRES, FL 33186 US

Title: SEC. () Delete
Name: FLETCHER, DAVID R
Address: 541 E. MONROE ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOGAN, KRISTINA A PRESIDE
Address: P.O. BOX 2853
City-St-Zip: EVERGREEN, FL 80439 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: FLETCHER, DARLENE
Address: 541 E. MONROE ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

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: KRISTINA A HOGAN

PRES

02/13/2005

Electronic Signature of Signing Officer or Director

Date