2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 14, 2008 8:00 am DOCUMENT # P06000027596 **Secretary of State** 1. Entity Name 03-14-2008 90035 019 ***150.00 ADVANCED BEHAVIORAL AND THERAPEUTIC SYSTEMS, INC Principal Place of Business Mailing Address 9 DAHLIA COURT NORTH 9 DAHLIA COURT NORTH 40040000 HOMOSASSA, FL 34446 HOMOSASSA, FL 34446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-4516211 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENNIFER R RAVA - WOOTEN PHILLIPS, HUGH E Street Address (P.O. Box Number is Not Acceptable) 1339 N CARNEVALE TER LECANTO, FL 34461 DAHLIA CT City HOMOSASSA 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTS " ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RAVA-WOOTEN, JENNIFER R NAME STREET ADDRESS STREET ADDRESS 9 DAHLIA COURT NORTH CITY-ST-7IP HOMOSASSA, FL 34446 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 attachment with an appears, with all other like empowered.

FILED

Daytime Phone #

Florida Corporate Short Form Income Tax Return

ATTACHMENT

STF1 F-1120A R. 01/08

Rule 12C-1.051 Florida Administrative Code Effective 01/08

400H5558 # POG 060027596

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

If you are requesting a refund, send your return to: FLORIDA DEPARTMENT OF REVENUE PO BOX 6440 TALLAHASSEE FL 32314-6440

PERF LINE-

Florida Corporate Short Form Income Tax Return

STF1 A F-1120A

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

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Signature of Officer	IN Rain worth	Photos Date 3/11/88	Phone 352-239-2964
Signature of Individual of First Preparito	the Revent Date 3/	11/08 Preparer's PTIN or F	EIN (Check one) Phone
FEIN 20-451621 Name ADVANCED Address 9 DAHLIA		ning 01/01/07 HERAPEUTIC SYSTEM:	S INC Taxable Year Ending 12/31/07
Address	01 11		DOR USE ONLY
City/State/ZIP HOMOSA	SSA, FL 34446		//
204516211	500000	1	01
20070101	-525100	1	0
20071231	0	1	0
0	0	611000 _.	0
-25100	0	2	0
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