

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/4/2007-90043-020-\$550.00-\$550.00

DOCUMENT # P06900140363	
1. Entity Name FIRST STEP HOUSE OF DELRAY BEACH, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 21 PM 2:57



2nd MOORE CR2E034 (4/07)

Principal Place of Business 465 NE 7TH STREET BOCA RATON FL 33432	Mailing Address 465 NE 7TH STREET BOCA RATON FL 33432
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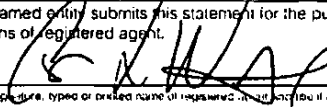
2. Principal Place of Business - No P.O. Box # 137 S. SWINTON AVE	3. Mailing Address 465 NE 7TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH	City & State BOCA RATON
Zip FL 33444	Country USA
Country USA	Zip 33432

4. FEI Number 205 852 922	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, CURTIS 465 NE 7TH STREET BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

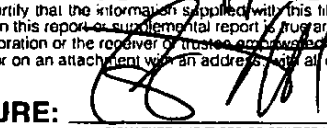
SIGNATURE  8/28/07

Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when filing.)

FILE NOW!!! FEE IS \$550.00 DUE BY: September 5, 2007 Make Check Payable to Florida Department of State.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WRIGHT, CURTIS		NAME	
STREET ADDRESS 465 NE 7TH STREET		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE:  8/28/2007 361-860-7606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR