2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002606

Address:

City-St-Zip:

Entity Name: RENEWAL REHABILITATION, INC

613 S. MAGNOLIA AVE., STE.2

TAMPA, FL 33606

FILED Mar 08, 2007 Secretary of State

| | | ALTERIABILITATION, INC. | | | |
|---|--------------------------|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 613 S. MA STE 2 TAMPA, F | GNOLIA AVE. L 33606 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 613 S. MA STE 2 TAMPA, F | GNOLIA AVE. L 33606 U | | | | |
| FEI Number | : 59-3218012 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| STE 2 TAMPA, F The above | e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| | Electro | nic Signature of Registered Ag | gent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ANASTASAS, I | DLIA AVE., STE. 2 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TODD, GREG | DLIA AVE., STE. 2 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T (AUSTIN. JANE |) Delete T F | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JANET F. AUSTIN T 03/08/2007