

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057499

FILED
Apr 25, 2005
Secretary of State

Entity Name: SUPPORT SERVICES FOR INDEPENDENT LIVING INC.

Current Principal Place of Business:

6210 44TH STREET NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1035
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 59-3583739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, KRISTI
9790 LAKE SEMINOLE DR E
LARGO, FL 33773 US

Name and Address of New Registered Agent:

ALLISON, KRISTI
6210 - 44TH ST. N., SUITE 19
PINELLAS PARK, FL 33781 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: KRISTI ALLISON

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSCD () Delete
Name: ALLISON, KRISTI
Address: 9790 LAKE SEMINOLE DR E
City-St-Zip: LARGO, FL 33773

Title: VM () Delete
Name: ALLISON, KRISTI
Address: 9790 LAKE SEMINOLE DR E
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSCD (X) Change () Addition
Name: ALLISON, KRISTI
Address: 6210 - 44TH ST. N., SUITE 19
City-St-Zip: PINELLAS PARK, FL 33781

Title: VM (X) Change () Addition
Name: ALLISON, KRISTI
Address: 6210 - 44TH ST. N., SUITE 19
City-St-Zip: PINELLAS PARK, FL 33781

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: KRISTI ALLISON

PSCD

04/25/2005

Electronic Signature of Signing Officer or Director

Date