

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N21249

Entity Name: CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)

Current Principal Place of Business:

8181 PROFESSIONAL PL.
SUITE 150
LANDOVER, MD 20785 US

New Principal Place of Business:

Current Mailing Address:

8181 PROFESSIONAL PL.
SUITE 150
LANDOVER, MD 20785 US

New Mailing Address:

FEI Number: 59-2817697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DURHEIM, MARY
Address: 101 WEST IRIS
City-St-Zip: MCALLEN, TX 78501

Title: IPP () Delete
Name: POLK GREEN, EVELYN
Address: 11453 SOUTH VINCENNES AVE
City-St-Zip: CHICAGO, IL 60643

Title: S () Delete
Name: SOLEIL, GREGG
Address: P O BOX 103
City-St-Zip: HURRICANE, WV 25526

Title: T () Delete
Name: STEWART, PAULA
Address: 1907 HARBOUR CIR
City-St-Zip: CAPE CORAL, FL 33914

Title: CEO (X) Delete
Name: ROSS, E CLARKE
Address: 8181 PROFESSIONAL PL., STE 201
City-St-Zip: LANDOVER, MD 20785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLISON, PHYLLIS A PH.D.
Address: 4200 HARTFORD AVE., UNIV. OF WISC.-MILW.
City-St-Zip: MILWAUKEE, WI 53200 US

Title: T (X) Change () Addition
Name: PAULA, STEWART R.N.
Address: 1907 HARBOUR CIRCLE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S (X) Change () Addition
Name: SOLEIL, GREGG
Address: P O BOX 107
City-St-Zip: HURRICANE, WV 25526 US

Title: CEO (X) Change () Addition
Name: ROSS, E CLARKE
Address: 8181 PROFESSIONAL PL., STE 201
City-St-Zip: LANDOVER, MD 20785 US

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. CLARKE ROSS

Electronic Signature of Signing Officer or Director

CEO

04/11/2006

Date