

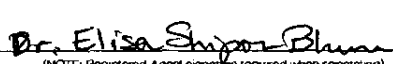
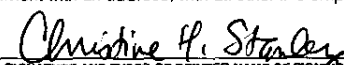
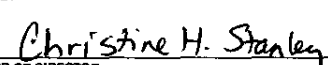


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90388 017 ****61.25

DOCUMENT # N99000005206 1. Entity Name CHILDHOOD ANXIETY NETWORK INC			
Principal Place of Business 1130 HERKNES DRIVE MEADOWBROOK, PA 19046 US		Mailing Address 1130 HERKNES DRIVE MEADOWBROOK, PA 19046 US	
2. Principal Place of Business 1130 Herkness Dr Suite, Apt. #, etc.		3. Mailing Address 1130 Herkness Dr. Suite, Apt. #, etc.	
City & State Meadowbrook, PA Zip 19046 Country US		City & State Meadowbrook, PA Zip 19046 Country	
4. FEI Number 65-0946164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELTA, ROBERT K 30 S. J ST. 3A LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Elisa Shipon Blum Street Address (P.O. Box Number is Not Acceptable) 3140 S. Ocean Blvd City Palm Beach FL Zip Code 33480	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 4/25/04 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD STANLEY, CHRISTINE DR. 419 EAGLE RIDGE TRAIL CANTON, GA 30114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Heckman 23 N. Market St. Muncy, PA 17756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLAGE, ADRIENNE 9A/7 RAPHAEL ANKAVA NEVE POLEG NATANYA 42345.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laurie Gorski 199 Pickrel Lake Rd. Colchester, CT 06415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIZZARD, ANGELIQUE 30 S. J ST., 3A LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pam Putman 221 south Chippewa Place Chandler, AZ 85224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SHIPON-BLUM, ELISA B 1130 HERKNES DRIVE MEADOWBROOK, PA 19046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSH, BURL W 4600 BOATMAN ST LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIPON, MARK B ESQ #4 DEVONSHIRE COURT BLUE BELL, PA 19422	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		 4/25/04 770-345-1585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	