2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723889

FILED Jan 03, 2006 Secretary of State

Entity Name: CHEMICAL ADDICTIONS RECOVERY EFFORT, INC.

| | rincipal Place | of Business: | New Principal Place of Business: |
|---|--|--|--|
| | RD STREET CITY, FL 32404 | 4 US | |
| Current N | lailing Addres | s: | New Mailing Address: |
| | RD STREET CITY, FL 32404 | 4 US | |
| FEI Number | : 59-2912345 | FEI Number Applied For() | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and | d Address of C | urrent Registered Agent | Name and Address of New Registered Agent: |
| | TUNNIE RD STREET CITY, FL 3240 | 4 US | |
| | e named entity s e of Florida. | submits this statement for t | ne purpose of changing its registered office or registered agent, or bo |
| SIGNATUI | RE: | | |
| | Electron | ic Signature of Registered | Agent Date |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECT |
| Title: Name: | MED () MILLER, TUNNI | Delete | Title: () Change () Addition |
| | 4000 E 3RD ST PANAMA CITY, | REET | Name: Address: City-St-Zip: |
| City-St-Zip: Title: Name: Address: | 4000 E 3RD ST PANAMA CITY, | REET FL 32404 US Delete K LANE | Address: |
| Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | 4000 E 3RD ST PANAMA CITY, ST () RUSSELL, JACI 1815 MARTHA I LYNN HAVEN, F | REET FL 32404 US Delete K LANE FL 32444 US Delete ARD | Address: City-St-Zip: Title: ST (X) Change () Addition Name: KITCHINGS, CAROLYN Address: 3915 ERENO COURT |
| City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | 4000 E 3RD ST PANAMA CITY, ST () RUSSELL, JAC 1815 MARTHA I LYNN HAVEN, F PT () MOSLEY, WILL P O BOX 1 YOUNGSTOWN | REET FL 32404 US Delete K LANE FL 32444 US Delete ARD I, FL 32466 US Delete ALD REE PLACE | Address: City-St-Zip: Title: ST (X) Change () Addition Name: KITCHINGS, CAROLYN Address: 3915 ERENO COURT City-St-Zip: PANAMA CITY, FL 32405 US Title: () Change () Addition Name: Address: |

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: BILL RANDALL T 01/03/2006