2006 NOT-FOR-PROFIT CORPORATION * ANNUAL REPORT

May 04, 2006 08:00 AM Secretary of State DOCUMENT # F05000002565 1. Entity Name T.A.G. TREATMENT ACTION GROUP, INC. Principal Place of Business Mailing Address 611 BROADWAY, ROOM 608 611 BROADWAY, ROOM 608 NEW YORK, NY 10012 NEW YORK, NY 10012 CR2E037 (4/06) 04302006 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3624785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACCARONE, ALBERT P JR. DO NOT WRITE 126 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution, Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS 10, TITLE NAME HUGHES, BARBARA STREET ADDRESS 160 BLEECKER ST., #5H CITY-ST-ZIP NEW YORK, NY 10012 TITLE U00000562559 05/19/06-80060-012 61.25 NAME MORRISON, LAURA A STREET ADDRESS 14 HORATIO ST., #1J CITY-ST-ZIP NEW YORK, NY 10014

DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 receiverior trustee empoyaged 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 attac MARKHAREIAGTON

SIGNATURE:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARJE STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXELUTIVE DIRECTOR Mill 28 JUS 212-253-7922