


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004814 1. Entity Name ADDICTION & MENTAL HEALTH SERVICES, INC.	
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Principal Place of Business 2101 MAGNOLIA AVE. SUITE 518 BIRMINGHAM, AL 35205	Mailing Address 2101 MAGNOLIA AVE. SUITE 518 BIRMINGHAM, AL 35205
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07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1198286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CAMPBELL, JOHN T 1572 MONTGOMERY HIGHWAY SUITE 210 BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CROWDER, JERRY W 2101 MAGNOLIA AVE. SUITE 518 BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARTHUR, FRANK G MD 1572 MONTGOMERY HIGHWAY SUITE 210 BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SIMMONS, W. CLAY 2101 MAGNOLIA AVE. SUITE 518 BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, W. JERRY MD 1189 ALBRITTON ROAD WARRIOR, AL 35180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS STEPHENS, BERNARD B 2101 MAGNOLIA AVE. SUITE 518 BIRMINGHAM, AL 35205

<p>000000570508 07/17/06-80004-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 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 607, 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:  **1/1/06** **205.251.7753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #