

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K46682

**FILED**  
**Dec 15, 2009**  
**Secretary of State****Entity Name:** THE CENTER FOR ALCOHOL & DRUG STUDIES, INC.**Current Principal Place of Business:**C/O DONALD K. MULLANEY  
321 NORTHLAKE BLVD. SUITE 214-B  
NORTH PALM BEACH, FL 33408**New Principal Place of Business:**C/O JACK COSCIA  
631 US HIGHWAY 1, SUITE 304  
NORTH PALM BEACH, FL 33408**Current Mailing Address:**C/O DONALD K. MULLANEY  
321 NORTHLAKE BLVD. SUITE 214-B  
NORTH PALM BEACH, FL 33408**New Mailing Address:**C/O JACK COSCIA  
631 US HIGHWAY 1, SUITE 304  
NORTH PALM BEACH, FL 33408**FEI Number:** 65-0101421**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MULLANEY, DONALD K.  
321 NORTHLAKE BLVD. SUITE 214-B  
NORTH PALM BEACH, FL 33408 US**Name and Address of New Registered Agent:**COSCIA, JACK  
631 US HIGHWAY 1  
SUITE 304  
NORTH PALM BEACH, FL 33408 US

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: JACK COSCIA

12/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MULLANEY, DONALD K.  
Address: 321 NORTHLAKE BLVD. 214B  
City-St-Zip: NORTH PALM BCH, FL

Title: D ( ) Delete  
Name: MULLANEY, DONALD K.  
Address: 321 NORTHLAKE BLVD. 214B  
City-St-Zip: NORTH PALM BCH, FL

Title: STD (X) Delete  
Name: COSCIA, JACK  
Address: 321 NORTHLAKE BLVD, #2148  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COSCIA, JACK  
Address: 631 US HIGHWAY 1, SUITE 304  
City-St-Zip: NORTH PALM BCH, FL 33408 US

Title: D (X) Change ( ) Addition  
Name: MULLANEY, DEBORAH A  
Address: 631 US HIGHWAY 1, SUITE 304  
City-St-Zip: NORTH PALM BCH, FL 33408 US

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK COSCIA

P

12/15/2009

Electronic Signature of Signing Officer or Director

Date