2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# N07000006828

Entity Name: SUBSTANCE ABUSE FOUNDATION, INC.

Current Principal Place of Business:

1349 S. INTERNATIONAL PARKWAY, STE. 1401
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1349 S. INTERNATIONAL PARKWAY, STE. 1401
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NIES, ROBERT J.
1349 S. INTERNATIONAL PARKWAY, STE. 1401
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NIES, ROBERT J.
Address: 1540 FARRINDON CIR.
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: ALTMAN, CHAD
Address: 165 21 AVE., NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete
Name: THOMASMEYER, T. JOHN
Address: 206 BRATTLE RD.
City-St-Zip: SYRACUSE, NY 13203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NIES, ROBERT J.
Address: 101 S. INTERLACHEN AVE, UNIT 102
City-St-Zip: WINTER PARK, FL 32789

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J NIES P 05/16/2008

Electronic Signature of Signing Officer or Director — Date