2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N96000006020

Entity Name: ASSOCIATION FOR COMPREHENSIVE NEUROTHERAPY, INC.

Current Principal Place of Business:

214 TRACE COURT
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

PO BOX 210848
ROYAL PALM BEACH, FL 334210848 US

New Mailing Address:

FEI Number: 65-0773907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, SHEILA
214 TRACE CT
WEST PALM BEACH, FL 33411 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: D ( ) Delete
Name: ROGERS, SHEILA
Address: 214 TRACE COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: KRUGER, JONATHAN
Address: 27 W 126 GALUSHA RD
City-St-Zip: WARRENVILLE, IL 60555

Title: D ( ) Delete
Name: ZASLOVE, MARSHALL M.D.
Address: 1115 3RD AVENUE
City-St-Zip: NAPA, CA 94558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: KRUGER, JONATHAN
Address: 27 W 126 GALUSHA RD
City-St-Zip: WARRENVILLE, IL 60555

Title: VP (X) Change ( ) Addition
Name: ZASLOVE, MARSHALL M.D.
Address: 1115 3RD AVENUE
City-St-Zip: NAPA, CA 94558

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: SHEILA ROGERS D 04/18/2006

Electronic Signature of Signing Officer or Director — Date