
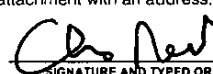


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90218 007 ****70.00

DOCUMENT # N99000003374 1. Entity Name CAMELOT COMMUNITY CARE, INC.					
Principal Place of Business 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US			Mailing Address 4910 CREEKSIDE DRIVE SUITE D CLEARWATER, FL 33760 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 31-1659302	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Boyd Dover 4910-D Creekside Dr. Clearwater, FL 33760
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dae Sheridan, PhD 4910-D Creekside Dr. Clearwater, FL 33760
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBRIZZI, MIKE 4910-D CREEKSIDE DR CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Harvey 2232 Altamont Ave Ft. Myers, FL 33901
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, SHIRLEY 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chris McGinnis, PhD 2232 Altamont Ave Ft. Myers, FL 33901
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REINECKER, CHRIS 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Liles 2232 Altamont Ave Ft. Myers, FL 33901
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYDEN, MIKE 5444 JEFFERSON DAVIS HWY, STE 100 FREDERICKSBURG, VA 22407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attachment For additional directors and officers.
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 617, 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: 				4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

2006 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

DOCUMENT # <u>N99000003374</u>			
1. Entity Name CAMELOT COMMUNITY CARE, INC.			
Principal Place of Business 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US		Mailing Address 4910 CREEKSIDE DRIVE SUITE D CLEARWATER, FL 33760 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. FEI Number 31-1659302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BEDELL, DORIS STREET ADDRESS 5196 HOPE LANE CITY-ST-ZIP SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE D NAME Mary Shea STREET ADDRESS 620 N. Craycroft CITY-ST-ZIP Tucson, AZ 85711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME FAVIS, MARTIN J STREET ADDRESS 4910-D CREEKSIDE DR CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE D NAME Chuck Boien STREET ADDRESS 1100 Tower Ln. CITY-ST-ZIP Bensenville, Illinois 60106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME DIBRIZZI, MIKE STREET ADDRESS 4910-D CREEKSIDE DR CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE CEO NAME Harry Propper STREET ADDRESS 2232 Altamont Ave. CITY-ST-ZIP Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HOLLAND, SHIRLEY STREET ADDRESS 4910-D CREEKSIDE DRIVE CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME REINECKER, CHRIS STREET ADDRESS 4910-D CREEKSIDE DRIVE CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HAYDEN, MIKE STREET ADDRESS 5444 JEFFERSON DAVIS HWY, STE 100 CITY-ST-ZIP FREDERICKSBURG, VA 22407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

Additional

Directors and Officers

20037533



04212006 Chg-NP CR2E037 (11/05)