2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2010
Secretary of State

DOCUMENT# N99000003374

Entity Name: CAMELOT COMMUNITY CARE, INC.

Current Principal Place of Business:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 31-1659302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD
Name: ADDUCCI, ALEXANDER
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

Title: D
Name: DRIVER, TAMMI
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D
Name: SHERIDAN, DAE PHD
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: DT
Name: PINGEL, RICHARD
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: P
Name: DIBRIZZI, MICHAEL
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL DIBRIZZI CEO 02/25/2010

Electronic Signature of Signing Officer or Director Date