2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N99000005206

Entity Name: CHILDHOOD ANXIETY NETWORK INCORPORATED

Current Principal Place of Business:

30 S. J ST., 3A
LAKE WORTH, FL 33460

New Principal Place of Business:

30 S. J ST.
3A
LAKE WORTH, FL 33460

Current Mailing Address:

30 S. J ST., 3A
LAKE WORTH, FL 33460

New Mailing Address:

30 S. J ST.
3A
LAKE WORTH, FL 33460

FEI Number: 65-0946164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELTA, ROBERT K
30 S. J ST. 3A
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

HELTA, ROBERT K
30 S. J ST.
3A
LAKE WORTH, FL 33460 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: _____ 05/01/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HELTA, ROBERT K
Address: 30 S. J ST., 3A
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete
Name: HELTA, THOMAS
Address: 1410 W. JENNINGS ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete
Name: VIZZARD, ANGELIQUE
Address: 30 S. J ST., 3A
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: SHIPON, ELISA
Address: 1130 HERKNESS DRIVE
City-St-Zip: MEADOWBROOK, PA 19046

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: SHIPON-BLUM, ELISA B
Address: 1130 HERKNESS DRIVE
City-St-Zip: MEADOWBROOK, PA 19046

Title: T ( ) Change (X) Addition
Name: BUSH, BURL W
Address: 4600 BOATMAN ST
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Change (X) Addition
Name: SHIPON, MARK B ESQ
Address: #4 DEVONSHIRE COURT
City-St-Zip: BLUE BELL, PA 19422

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 H HELTA D 05/01/2002
Electronic Signature of Signing Officer or Director — Date