2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005
Secretary of State

DOCUMENT# N99000005206

Entity Name: CHILDHOOD ANXIETY NETWORK INC

Current Principal Place of Business:

1130 HERKNESS DRIVE
MEADOWBROOK, PA 19046 US

New Principal Place of Business:

Current Mailing Address:

1130 HERKNESS DRIVE
MEADOWBROOK, PA 19046 US

New Mailing Address:

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

SHIPON BLUM, ELISA
3140 S. OCEAN BLVD.
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SILVER, NATALIE
3020 NW 23RD CT.
BOCA RATON, FL 33431 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: NATALIE SILVER 06/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: EXD ( ) Delete
Name: STANLEY, CHRISTINE DR.
Address: 419 EAGLE RIDGE TRAIL
City-St-Zip: CANTON, GA 30114

Title: D ( ) Delete
Name: WALLAGE, ADRIENNE
Address: 9A/7 RAPHAEL ANKAVA
City-St-Zip: NEVE POLEG NATANYA 42345, OC

Title: D ( ) Delete
Name: HECKMAN, SHERRY
Address: 23 N. MARKET ST.
City-St-Zip: MUNCY, PA 17756

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

Title: D ( ) Delete
Name: GORSKI, LAURIE
Address: 199 PICKEREL LAKE RD.
City-St-Zip: COLCHESTER, CT 06415

Title: D (X) Delete
Name: PUTMAN, PAM
Address: 221 SOUTH CHIPPIAK PLACE
City-St-Zip: CHANDLER, AZ 85224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STANLEY, CHRISTINE DR.
Address: 419 EAGLE RIDGE TRAIL
City-St-Zip: CANTON, GA 30114

Title: D (X) Change ( ) Addition
Name: CARDULLA, TERESA
Address: 3 HATHAWAY DR
City-St-Zip: PRINCETON JUNCTION, NJ 08550

Title: D (X) Change ( ) Addition
Name: KERVATT, GAIL
Address: 54 OLD FOURTH DR
City-St-Zip: OAK RIDGE, NJ 07438

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

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 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: CHRISTINE STANLEY D 06/14/2005
Electronic Signature of Signing Officer or Director Date