2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
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 (X)**

Name and Address of Current Registered Agent:

SILVER, NATALIE
3020 NW 23RD CT.
BOCA RATON, FL 33431 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: STANLEY, CHRISTINE DR.
Address: 419 EAGLE RIDGE TRAIL
City-St-Zip: CANTON, GA 30114

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AUDREY, BOGGS DR.
Address: PO BOX 491542
City-St-Zip: LOS ANGELES, CA 90049

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: LYNN, LUNCEFORD
Address: 2356 MOORE ST., SUITE 101
City-St-Zip: SAN DIEGO, CA 92110

Title: D ( ) Change (X) Addition
Name: JAMES, MATTEO
Address: 1070 STILL MEADOW CROSSING
City-St-Zip: CHARLOTTESVILLE, VA 22901

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: LORI DABNEY O 04/25/2006

Electronic Signature of Signing Officer or Director — Date