2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P00000009527

Entity Name: COMMUNITY ADDICTION SERVICES, INC.

Current Principal Place of Business:

118 SATIN WOOD LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4901 BONSAI CIRCLE
#211
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

118 SATIN WOOD LANE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4901 BONSAI CIRCLE
#211
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0993523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKNIGHT, STANLEY
118 SATIN WOOD LANE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MCKNIGHT, MARGUERITE D
4901 BONSAI CIRCLE
#211
PALM BEACH GARDENS, FL 33418 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: MARGUERITE DAVIS MCKNIGHT 04/12/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCKNIGHT, STANLEY M
Address: 118 SATINWOOD LN
City-St-Zip: WEST PALM BEACH, FL 33410

Title: D (X) Delete
Name: MCKNIGHT, MARGUERITE D
Address: 118 SATIN WOOD LN
City-St-Zip: WEST PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCKNIGHT, MARGUERITE D
Address: 4901 BONSAI CIRCLE #211
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE D MCKNIGHT P 04/12/2006
Electronic Signature of Signing Officer or Director Date