2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P01000024353

Entity Name: COMPREHENSIVE ADDICTION RECOVERY EDUCATION, INC.

Current Principal Place of Business:

8 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33419

New Principal Place of Business:

321 NORTH LAKE BLVD
102
NORTH PALM BEACH, FL 33408

Current Mailing Address:

8 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33419

New Mailing Address:

321 NORTH LAKE BLVD
102
NORTH PALM BEACH, FL 33408

FEI Number: 65-1128901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSSOW, GERALD Z
4400 PGA BLVD STE 700
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PEGRAM, WILLIAM J
Address: 2626B LAKE DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DVPS ( ) Delete
Name: NAVERSON, ROBERT N
Address: 2626B LAKE DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WALLICK, MITCHELL E
Address: 8568 NW 28TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DST (X) Change ( ) Addition
Name: ROSENBERG, PETER M
Address: 6064 FLORAL LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

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

SIGNATURE: MITCHELL WALLICK DP 04/30/2004

Electronic Signature of Signing Officer or Director Date