

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024353

FILED
Apr 29, 2008
Secretary of State

Entity Name: COMPREHENSIVE ADDICTION RECOVERY EDUCATION, INC.

Current Principal Place of Business:

321 NORTH LAKE BLVD
102
NORTH PALM BEACH, FL 334085410 US

New Principal Place of Business:

Current Mailing Address:

321 NORTH LAKE BLVD
102
NORTH PALM BEACH, FL 334085410 US

New Mailing Address:

FEI Number: 65-1128901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLICK, MITCHELL E
8568 NW 28TH COURT
CORAL SPRINGS, FL 330655319 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: WALLICK, MITCHELL E
Address: 8568 NW 28TH COURT
City-St-Zip: CORAL SPRINGS, FL 330655319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: MITCHELL WALLICK

DP

04/29/2008

Electronic Signature of Signing Officer or Director

Date