

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102562

FILED
Mar 29, 2005
Secretary of State

Entity Name: THE CENTER FOR CONTINUITY AND RECOVERY ADVICE INC.

Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD
#1052
PLANTATION, FL 33324

New Principal Place of Business:

3175 FAIRWAY CIRCLE
DAVIE, FL 33328

Current Mailing Address:

P.O. BOX 291214
DAVIE, FL 33329 US

New Mailing Address:

P.O. BOX 291214
DAVIE, FL 33329 US

FEI Number: 38-4514879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLET, LAURA A
950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MALLET, LAURA A
3175 FAIRWAY CIRCLE
DAVIE, FL 33328 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: LAURA A. MALLET

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MALLET, LAURA
Address: P.O. BOX 291214
City-St-Zip: DAVIE, FL 33329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MALLET, LAURA A
Address: P.O. BOX 291214
City-St-Zip: DAVIE, FL 33329

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: LAURA A. MALLET

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date