## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000128754

Entity Name: FLORIDA ALTERNATIVE SUBSTANCE TREATMENT, INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
300 SOUTH DUNCAN AVE. SUITE 208 CLEARWATER, FL 33755				10738 126TH AVENUE NORTH		
			LARGO	D, FL 33778		
	,		Marra Bi	l=:1:		
Current Mailing Address:				New Mailing Address:		
300 SOUTH DUNCAN AVE. SUITE 208 CLEARWATER, FL 33755				10738 126TH AVENUE NORTH LARGO, FL 33778		
FEI Number	: 20-0416579	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name	Name and Address of New Registered Agent:		
MORAN, CHARLES T 300 SOUTH DUNCAN AVE. SUITE 208 CLEARWATER, FL 33755 US				MORAN, CHARLES T 10738 126TH AVENUE NORTH LARGO, FL 33778 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changi	ng its register	ed office or registered agent, or both,	
SIGNATURE:				02/13/2006		
	Electro	nic Signature of Registered Age	 ent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DP ( MORAN, CHAF 300 SOUTH DI CLEARWATEF	JNCAN AVE.	Title: Name: Address City-St-Z	10738 126	(X) Change()Addition CHARLES T STH AVENUE NORTH L 33778	
Title: Name: Address: City-St-Zip:		) Delete J JNCAN AVE.	Title: Name: Address City-St-Z		6TH AVENUE NORTH	
Title: Name: Address: City-St-Zip:	D ( MORAN, KARE 300 SOUTH D CLEARWATER	JNCAN AVE.	Title: Name: Address City-St-Z		6TH AVENUE NORTH	
Title: Name: Address: City-St-Zip:	D ( HOPE, ROSE 300 SOUTH DI CLEARWATER		Title: Name: Address City-St-Z	10738 126	(X) Change ( ) Addition AN, SHAWN BTH AVENUE N L 33778	
Title: Name: Address:	(	) Delete	Title: Name: Address	D BYHANNA 10738 12	()Change(X)Addition , PAT 6TH AVENUE NORTH	

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.

City-St-Zip: LARGO, FL 33778

SIGNATURE: CHARLES T. MORAN DP 02/13/2006

City-St-Zip: