2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P25295

Entity Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.

Current Principal Place of Business:

1175 HERNDON PARKWAY
SUITE 250
HERNDON, VA 20170

New Principal Place of Business:

Current Mailing Address:

20400 STEVENS CREEK BLVD.
SUITE 600
CUPERTINO, CA 95014

New Mailing Address:

FEI Number: 54-1282694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	CEO	( ) Delete
Name:	KARLIN, BARRY DR.	
Address:	20400 STEVENS CREEK BLVD. SUITE 600	
City-St-Zip:	CUPERTINO, CA 95014	
Title:	P	( ) Delete
Name:	KARLIN, BARRY DR.	
Address:	20400 STEVENS CREEK BLVD, SUITE 600	
City-St-Zip:	CUPERTINO, CA 95014	
Title:	S	( ) Delete
Name:	BURKE, PAMELA ESQ.	
Address:	20400 STEVENS CREEK BLVD., SUITE 600	
City-St-Zip:	CUPERTINO, CA 95014	
Title:	T	( ) Delete
Name:	HOGGE, KEVIN	
Address:	20400 STEVENS CREEK BLVD., SUITE 600	
City-St-Zip:	CUPERTINO, CA 95014	
Title:	D	( ) Delete
Name:	RHODES, JERRY	
Address:	608 CHADDS FORD LANE, SUITE 304	
City-St-Zip:	CHADDS FORD, PA 19317	
Title:	D	( ) Delete
Name:	SYLVIA, KATHLEEN	
Address:	20400 STEVENS CREEK BLVD, SUITE 600	
City-St-Zip:	CUPERTINO, CA 95014	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAMELA B. BURKE S 04/10/2007

Electronic Signature of Signing Officer or Director — Date