## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P25295

FILED May 15, 2008 Secretary of State

Entity Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1175 HERNDON PARKWAY SUITE 250 HERNDON, VA 20170				20400 STEVENS CREEK BLVD. SUITE 600 CUPERTINO, CA 95014			
Current Mailing Address:				New Mailing Address:			
20400 STEVENS CREEK BLVD. SUITE 600 CUPERTINO, CA 95014							
FEI Number: 54-1282694		FEI Number Applied For ( )	FEI Nun	mber Not Applicable ( ) Certificat		te of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:							
	Electronic	Signature of Registered Agent	t				Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	CEO () D KARLIN, BARRY 20400 STEVENS CUPERTINO, CA	DR. CREEK BLVD. SUITE 600		Title: Name: Address: City-St-Zip:		(X) Change ( JEROME S EDGE DR., S ORD, PA 1931	STE. 200
Title: Name: Address: City-St-Zip:	P () D KARLIN, BARRY 20400 STEVENS CUPERTINO, CA	DR. CREEK BLVD, SUITE 600		Title: Name: Address: City-St-Zip:			( ) Addition BLVD, SUITE 600
Title: Name: Address: City-St-Zip:	S () D BURKE, PAMELA 20400 STEVENS CUPERTINO, CA	ESQ. CREEK BLVD., SUITE 600		Title: Name: Address: City-St-Zip:		()Change(	) Addition
Title: Name: Address: City-St-Zip:	T () D HOGGE, KEVIN 20400 STEVENS CUPERTINO, CA	CREEK BLVD., SUITE 600		Title: Name: Address: City-St-Zip:			( ) Addition BLVD., SUITE 600
Title: Name: Address: City-St-Zip:	D () D RHODES, JERRY 608 CHADDS FOR CHADDS FORD, F	RD LANE, SUITE 304		Title: Name: Address: City-St-Zip:		()Change(	) Addition
Title: Name: Address: City-St-Zip:	D () D SYLVIA, KATHLEE 20400 STEVENS CUPERTINO, CA	EN CREEK BLVD, SUITE 600		Title: Name: Address: City-St-Zip:		( ) Change(	) Addition
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.							

Electronic Signature of Signing Officer or Director

SIGNATURE: PAMELA B. BURKE

Date

SEC

05/15/2008