2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25295

FILED Apr 14, 2010 Secretary of State

Entity Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.

Current Principal Place of Business: New Principal Place of Business:

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 Number Not Applicable () Certificate 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 Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: F

Name: RHODES, JEROME

Address: 101 PONDS EDGE DR., STE. 200 City-St-Zip: CHADDS FORD, PA 19317

Title:

Name: HOGGE, KEVIN

Address: 20400 STEVENS CREEK BLVD, SUITE 600

City-St-Zip: CUPERTINO, CA 95014

Title: 5

Name: BURKE, PAMELA ESQ.

Address: 20400 STEVENS CREEK BLVD., SUITE 600

City-St-Zip: CUPERTINO, CA 95014

Title: D

Name: HOGGE, KEVIN

Address: 20400 STEVENS CREEK BLVD., SUITE 600

City-St-Zip: CUPERTINO, CA 95014

Title: [

Name: RHODES, JERRY

Address: 608 CHADDS FORD LANE, SUITE 304

City-St-Zip: CHADDS FORD, PA 19317

I hereby 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 all other like empowered.

SIGNATURE: PAMELA B. BURKE SE 04/14/2010