

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25899

FILED
May 26, 2004
Secretary of State

Entity Name: CAMELOT CARE CENTERS, INC.

Current Principal Place of Business:

5444 JEFFERSON DAVIS HIGHWAY
SUITE 100
FREDERICKSBURG, VA 22407 US

New Principal Place of Business:

Current Mailing Address:

620 NORTH CRAYCROFT
TUCSON, AZ 85711 US

New Mailing Address:

FEI Number: 36-3465604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION, FL 33324 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

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:

Title: CD () Delete
Name: MCCUSKER, FLECTCHER
Address: 620 NORTH CRAYCROFT
City-St-Zip: TUCSON, AZ 85711 US

Title: PD () Delete
Name: FAVIS, MARTIN J
Address: 35 KNOLLWOOD ESTATE DR.
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST () Delete
Name: DEITCH, MICHAEL
Address: 620 NORTH CRAYCROFT
City-St-Zip: TUCSON, AZ 85711 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAVIS, MARTIN J
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

Title: DST (X) Change () Addition
Name: DEITCH, MICHAEL
Address: 620 NORTH CRAYCROFT
City-St-Zip: TUCSON, AZ 85711 US

Title: P () Change (X) Addition
Name: NORRIS, CRAIG
Address: 5444 JEFFERSON DAVIS HIGHWAY, STE 100
City-St-Zip: FREDERICKSBURG, VA 22407

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: MICHAEL DEITCH

ST

05/26/2004

Electronic Signature of Signing Officer or Director

Date