

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90108 018 \*\*\*150.00

<b>DOCUMENT # P25899</b> 1. Entity Name <b>CAMELOT CARE CENTERS, INC.</b>			
Principal Place of Business <b>5444 JEFFERSON DAVIS HIGHWAY SUITE 100 FREDERICKSBURG, VA 22407 US</b>		Mailing Address <b>620 NORTH CRAYCROFT TUCSON, AZ 85711 US</b>	
2. Principal Place of Business <b>5444 Jefferson Davis Highway, Ste. 100</b> City & State: <b>Fredericksburg, VA</b> Zip: <b>22407</b> Country: <b>USA</b>		3. Mailing Address <b>5524 E. Fourth St</b> City & State: <b>Tucson, AZ</b> Zip: <b>85711</b> Country: <b>USA</b>	
4. FEI Number <b>36-3465604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATTION, FL 33324</b>		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete <b>MCCUSKER, FLETCHER 620 NORTH CRAYCROFT TUCSON, AZ 85711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5524 E. Fourth St Tucson AZ 85711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete <b>DEITCH, MICHAEL 620 NORTH CRAYCROFT TUCSON, AZ 85711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5524 E. 4th St. Tucson, AZ 85711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>NORRIS, CRAIG 5444 JEFFERSON DAVIS HIGHWAY, STE 100 FREDERICKSBURG, VA 22407</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5524 E. 4th St. Tucson AZ 85711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael Deitch</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/26/05</u> <u>520-747-0600</u> Date Daytime Phone #	

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