

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25899

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: CAMELOT CARE CENTERS, INC.

## Current Principal Place of Business:

5444 JEFFERSON DAVIS HIGHWAY  
SUITE 100  
FREDERICKSBURG, VA 22407 US

## Current Mailing Address:

5524 E FOURTH ST  
TUCSON, AZ 85711 US

## New Principal Place of Business:

10304 SPOTSYLVANIA AVE  
3RD FLOOR  
FREDERICKSBURG, VA 22408 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: MCCUSKER, FLECTCHER  
Address: 5524 E FOURTH ST  
City-St-Zip: TUCSON, AZ 85711 US

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

Title: DST ( ) Delete  
Name: DEITCH, MICHAEL  
Address: 5524 E 4TH ST  
City-St-Zip: TUCSON, AZ 85711 US

Title: P ( ) Delete  
Name: NORRIS, CRAIG  
Address: 5524 E 4TH ST  
City-St-Zip: TUCSON, AZ 85711

## 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:

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: MICHAEL DEITCH

SEC

04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date