## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000006434

Entity Name: ROCKWOOD PROGRAMS, INC

MCCALLIN, DARRYL A

16 FARMINGTON CIRCLE

WEST GROVE, PA 19390

Name:

Address:

City-St-Zip:

FILED Oct 11, 2005 Secretary of State

Entity Na	me: ROCKVV	OOD PROGRAMS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	ER ROAD TON, DE 198	021999			
Current Mailing Address:			New Mailing Address:		
	ER ROAD TON, DE 198	021999			
FEI Number	: 74-2760840	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2731 EXE SUITE 4	RVICES, INC. CUTIVE PARI , FL 33331 U				
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: MARY C	LARK			
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CLARK, GLEN 880 WEST MII		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLARK, DAWI 880 WEST MII		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( HUVER, FRAN 4663 MAIDEN WILMINGTON	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GLENN W. CLARK PRES 10/11/2005