2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006434

Entity Name: ROCKWOOD PROGRAMS, INC.

FILED Jul 14, 2006 Secretary of State

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

4001 MILLER ROAD 4001 MILLER ROAD

Current Mailing Address: New Mailing Address:

4001 MILLER ROAD 4001 MILLER ROAD

FEI Number: 74-2760840 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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CLARK, GLENN W
 Name:
 CLARK, GLENN W

 Address:
 880 WEST MINER ST
 Address:
 880 WEST MINER ST

City-St-Zip: WEST CHESTER, PA 19382 City-St-Zip: WEST CHESTER, PA 19382 US

Title: S () Delete Title: S (X) Change () Addition Name: CLARK, DAWNE Name: CLARK, DAWNE

Address: 880 WEST MINER ST Address: 880 WEST MINER ST

City-St-Zip: WEST CHESTER, PA 19382 City-St-Zip: WEST CHESTER, PA 19382 US

Title: D () Delete Title: DVP (X) Change () Addition Name: HUVER, FRANCIS J Name: HUVER, FRANCIS J

Address: 4663 MAIDEN DRIVE Address: 4663 MAIDEN DRIVE
City-St-Zip: WILMINGTON, DE 19803 City-St-Zip: WILMINGTON, DE 19803 US

Title: D () Delete Title: D (X) Change () Addition

Name:MCCALLIN, DARRYL AName:MCCALLIN, DARRYL AAddress:16 FARMINGTON CIRCLEAddress:16 FARMINGTON CIRCLECity-St-Zip:WEST GROVE, PA 19390City-St-Zip:WEST GROVE, PA 19390 US

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: FRANCIS D. HUVER DVP 07/14/2006