

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21029.2736--11/8/2010^x

210292736



① CORPORATION NAME:
Center For Behavioral Change, Inc.

DUE DATE: 12/30/10

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
RICHARD P WILLIS

SCC ID NO.: 0569715-6

7661 DOWDY DR

⑤ STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

RICHMOND, VA 23231

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
143-HENRICO COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

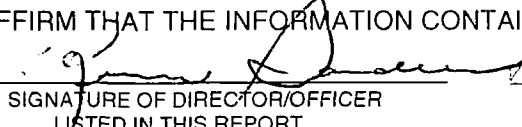
⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 3212 SKIPWITH ROAD SUITE 104 CITY/ST/ZIP RICHMOND, VA 23294	ADDRESS: CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RONNA I SAUNDERS TITLE: PRESIDENT ADDRESS: 1427 FLOYD AVENUE CITY/ST/ZIP: RICHMOND, VA 23220	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.


 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

 RONNA SAUNDERS PRESIDENT
 PRINTED NAME AND CORPORATE TITLE

 10/22/10
 DATE