

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # L38088
1. Entity Name
SENIOR LIVING RESIDENCES, INC.



Principal Place of Business 108 WAGNER ROAD BONIFAY, FL 32425	Mailing Address 1380 COLUMBIA RD BOSTON, MA 02127
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07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2980974	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARKIN, ROBERT
108 WAGNER ROAD
BONIFAY, FL 32425**



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

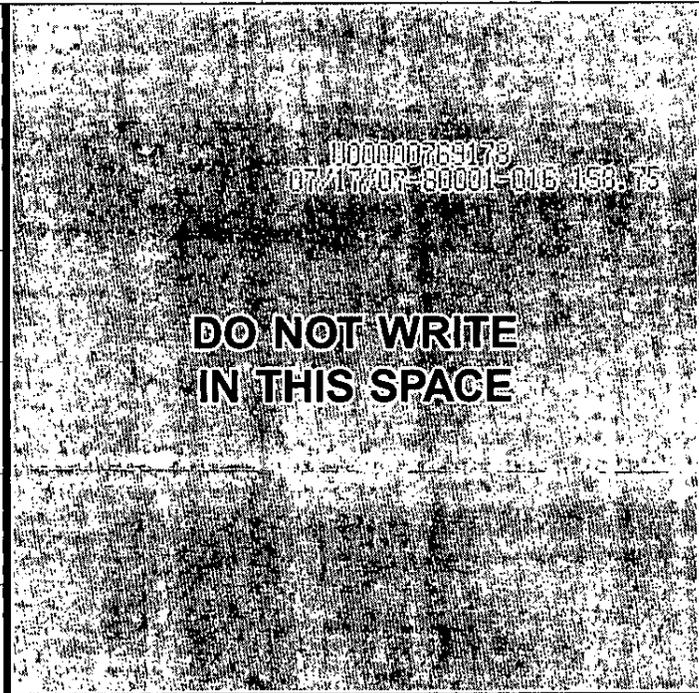
**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

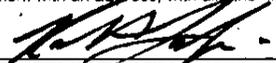
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LARKIN, ROBERT F JR 1380 COLUMBIA ROAD BOSTON, MA 02127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	E.D. SIMS, AUDERY 108 WAGNER RD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **7.5.07 617.269.3485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #