

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000374

FILED
Apr 29, 2007
Secretary of State

Entity Name: FAIRFAX SENIOR LIVING COMPANY

Current Principal Place of Business:

10387 MAIN STREET, SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

Current Mailing Address:

10387 MAIN STREET, SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

FEI Number: 54-1959103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BRIAN M
11309 COUNTRYWAY BLVD., SUITE 105
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ROSS, BRIAN M
11309 COUNTRYWAY BLVD
SUITE 105
TAMPA, FL 33626 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: _____

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: LEE, THOMAS K
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: CWIEK, WILLIAM K
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: S () Delete
Name: PURDUM, JIM S
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CWIEK, WILLIAM W
Address: 10387 MAIN STREET, SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT P HOSTLER

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date