2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 03, 2006 8:00 am Secretary of State **ANNUAL REPORT**

1. Entity Name SOUTHERN HEALTH & HOUSING SERVICES FOR THE ELDERLY, INC.									04	1-03-20 0	6 90411	l 001 **** <i>6</i>	1.25	
Principal Place of Business C/O CHARLES T. SPARKS C/O CHARLES T. S 6481 SPARTINA CIRCLE JUPITER, FL 33458 Mailing Address C/O CHARLES T. S 6481 SPARTINA CIRCLE JUPITER, FL 33458					T. SPARKS NA CIRCLE									
Principal Place of Business 3.			3. Mail	3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				0317200	6 Chọ	3-NP	CR2	E037 (11/05)		
City & State			Cit	City & State				4. FEI Nur 63-09	nber 987410)			oplied For ot Applicable	
Zip	Zip Country		Zip		Country		5. Certifica	ate of Star	us Desired		\$8.75 Adr Fee Require			
	6. Name	and Address of Current	Registere	d Agent				7. Name a	nd Addre	ss of New	Registere	ed Agent		
SCHIANO, PAUL 2050 34TH WAY N. LARGO, FL 33771						For Street A	Name Forte, Dennis Street Address (P.Ö. Box Number is Not Acceptable) 13777 Belcher Road S.							
						City Large FI					L Zip Coo	e T		
8. The above the obligat	e named entit tions of regis	y submits this statement to tered agent.	or the purp	ose of changing its re	egistere	ed office o	r register	ed agent, or	both, in th	e State of I	Florida. 1 a	ım familiar with,	and accept	
SIGNATURE .	De	nous Parte	<u> </u>	Demi	> FC	xte.	. The	مردمام	. .		3/20	loca		
	Signature, typed	or printed name of registered agent	and little if app	icable (NOTE:	Registered	d Agent sışnai	ture required	when reinstating)	2		DAT	E		
	Filing Fe	to printed name of registered agent re is \$61.25 May 1, 2006	and little if app	9. Election Camp Trust Fund Co	oaign F	inancing		\$5.00 Ma Added to Fe	y Be			eck payable t		
10.	Filing Fe	e is \$61.25		9. Election Camp	oaign F	inancing		\$5.00 Ma Added to Fe	es	Fle	orida Dep	partment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fe Due by M S FORTE, E 313 WES	ee is \$61.25 May 1, 2006 OFFICERS AND DI	RECTORS	9. Election Camp	oaign Fontributi 11. TITLE NAME STREE	inancing ion.	S Fort	\$5.00 Ma Added to Fe DDITIONS/0 te, De 77 Bel	CHANGES nnis cher	FloorFic	orida Dep ERS AND		tate	
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12. Thereby 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u> 727-726-3316</u> SIGNATURE: