2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# F04000002066

Entity Name: SUNRISE AT-HOME SENIOR LIVING, INC.

Current Principal Place of Business:

7902 WESTPARK DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

7902 WESTPARK DRIVE
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 54-1996412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP/D ( ) Delete
Name: NEWELL, THOMAS B
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: V ( ) Delete
Name: HULSE, LARRY E
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: S/T ( ) Delete
Name: KLAASSEN, TERESA M
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D ( ) Delete
Name: DEETS, HORACE B
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D ( ) Delete
Name: KLAASSEN, PAUL J
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: EVP ( ) Delete
Name: SCHWARTZ, DANIEL J
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: NEWELL, THOMAS B
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D (X) Change ( ) Addition
Name: JAMES, GARVEY
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: S (X) Change ( ) Addition
Name: GAUL, JOHN
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

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

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

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

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: THOMAS B. NEWELL P 02/13/2006

Electronic Signature of Signing Officer or Director — Date