## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000555

Entity Name: ALDERWOODS (PARTNER), INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
311 ELM ST SUITE 1000 CINCINNAT		US				
Current Mailing Address:			New Mailing Address:			
311 ELM ST SUITE 1000 CINCINNAT		US				
FEI Number:	61-1206758	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certifica	ate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY						
1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State	of Florida.	bmits this statement for the pur	pose of changing it	s registered office or r	registered agent, or both,	
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing 1	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HOUSTON, PAUL 259 YORKLAND I		Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	LANGFORD, LAU 259 YORKLAND I		Title: Name: Address: City-St-Zip:	S/T (X) Change NEEMAN, ELLEN 259 YORKLAND ROAD TORONTO, ONTARIO CA		
Title: Name: Address: City-St-Zip:	LANGFORD, LAU 259 YORKLAND I		Title: Name: Address: City-St-Zip:	AS (X) Change ANGELES, AZALEA 259 YORKLAND ROAD TORONTO, ONTARIO CA		
Title: Name: Address: City-St-Zip:	D () C NEEMAN, ELLEN 259 YORKLAND I TORONTO, ONTA		Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	TOTTLE, WILLIAM 259 YORKLAND I		Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D MAYES, HERBER 8624 GARTH ROA BAYTOWN, TX 7	AD	Title: Name: Address: City-St-Zip:	VP (X) Change MAYES, HERBERT A 326 WATER STREET RUTHLEDGE, TN 37861	( ) Addition	

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: AZALEA ANGELES AS 04/04/2006