

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90033004 \*\*\*158.75

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TALLAHASSEE, FLORIDA

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06302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L15330</b>	
1. Entity Name <b>SHALOM MANOR RETIREMENT HOME INC.</b>	



Principal Place of Business <b>% EMMINS HENRY 2771 NW 58TH TERR. LAUDERHILL, FL 33313</b>	Mailing Address <b>% EMMINS HENRY 2771 NW 58TH TERR. LAUDERHILL, FL 33313</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2985597</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of Now Registered Agent	
<b>HENRY, EMMINS 2771 NW 58TH TERR. LAUDERHILL, FL 33313</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, EMMINS</b>	NAME	
STREET ADDRESS	<b>2771 N.W. 58TH TERR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL, FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, GWEN</b>	NAME	
STREET ADDRESS	<b>3571 NW 95TH TERRACE #706</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE, FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, LISA</b>	NAME	<b>Gunderson, Lisa</b>
STREET ADDRESS	<b>564 BELLFLOWER BLVD 301</b>	STREET ADDRESS	<b>9753 Summerglen Way</b>
CITY-ST-ZIP	<b>LONG BEACH, CA 90814</b>	CITY-ST-ZIP	<b>Elk Grove, CA 95957</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. *Lisa Gunderson* **DR. Lisa Gunderson** 6/30/05 954-485-0901