

**N01000001589**

October 9, 2003

DEBIT        MEMO        ANNUAL        REPORT  
DISSOLUTION NOTICE

ANNUAL    REPORT:        ALL    IN    ONE  
ELDERCARE    &    ASSISTANT    LIVING,  
INC.

400023699534

DEBIT MEMO: 35371-D

CHECK#    1038



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 13, 2003

ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC.  
761 KEMPTON ST. N.W.  
PALM BAY, FL 32907

SUBJECT: ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC.

Debit Memo #: 35371-D

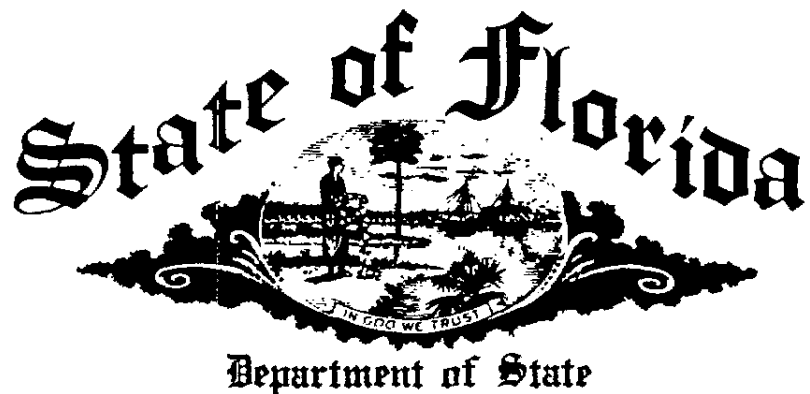
Document #: N01000001589

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

Should you have any questions, please feel free to contact this office at (850) 245-6057.

Sincerely,  
Pat Bailey  
Accountant II



#### CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of October 13, 2003 for failure to file the required annual report(s), as required by law.

The document number of this corporation is N01000001589.



CR2EO22 (2-03)

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Thirteenth day of October, 2003

*Glenda E. Hood*  
Glenda E. Hood  
Secretary of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2003

ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC.  
761 KEMPTON ST NW  
PALM BAY, FL 32907

SUBJECT: ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC.  
Ref. Number: N01000001589

Debit Memo #: 35371-D

This is to inform you that check #1038 dated APRIL 29, 2003 in the amount of \$61.25 submitted with the annual report/uniform business report for ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$76.25 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 14, 2003 and a reinstatement fee of an additional \$175 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Pat Bailey  
Accountant II

Letter Number: 303A00041316