

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 13, 2005
Secretary of State**

DOCUMENT# N04000011287

Entity Name: DEAS EASY LIVING FACILITY, INC.

Current Principal Place of Business:

19411 NW 39TH COURT
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

19411 NW 39TH COURT
OPA LOCKA, FL 33055

New Mailing Address:

20080 NW 13 COURT
MIAMI, FL 33169

FEI Number: 56-2490294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEAS, CANDACE
20080 NW 13TH COURT
MIAMI, FL 33169 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEAS, CANDACE
Address: 20080 NW 13TH COURT
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: MONCRIEFFE, EARL
Address: 20080 NW 13TH COURT
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: WALKER, LASONJA
Address: 19411 NW 39TH COURT
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WALKER, LASONJA
Address: 18821 MIAMI AVE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE Y DEAS

P

07/13/2005

Electronic Signature of Signing Officer or Director

_____ Date