2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002180

FILED Apr 24, 2006 Secretary of State

Entity Name: FROM PARKINSON TO LA DOLCIA VITA INC. RESPITE CARE & RESEARCH

Current Principal Place of Business:		New Principal Place of Business:		
131 W 25 RIVIERA E	STH ST BEACH, FL 33	3404		
Current Mailing Address:		New Mailing Address:		
131 W 25 RIVIERA E	STH ST BEACH, FL 33	3404		
El Number	: 65-0412950	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
131 W 25 RIVIERA E he above	BEACH, FL 33 named entity		purpose of changing its registere	ed office or registered agent, or both,
131 W 25 RIVIERA E The above In the State	oTH ST BEACH, FL 33 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
131 W 25 RIVIERA E The above In the State	oTH ST BEACH, FL 33 named entity e of Florida. RE:			ed office or registered agent, or both, Date
131 W 26 RIVIERA E The above In the State BIGNATUI	oTH ST BEACH, FL 33 named entity e of Florida. RE:	submits this statement for the	gent	
131 W 26 RIVIERA E The above the State SIGNATUI	oTH ST BEACH, FL 33 e named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the nic Signature of Registered Actors:) Delete LIAN ST	gent	Date
131 W 25 RIVIERA E The above on the State SIGNATUI DFFICER title: ame: ddress:	e named entity e of Florida. RE: Electro S AND DIRECT DCEO (DECICCO, LIL 1131 W 25TH RIVIERA BEAC	submits this statement for the nic Signature of Registered Actors:) Delete .LIAN ST CH, FL) Delete RYTHIA	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN DECICCO DCEO 04/24/2006