2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000002829

1. Entity Name
DILLIE BRYANT MANOR ADULT LIVING FACILITY, INC.



Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90444 040 ****70.00

FILED

2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5. Mailing Address	Principal Place of Business 10406 SW 24TH STREET MIRAMAR, FL 33025		Mailing Address 10406 SW 24TH STREET MIRAMAR, FL 33025			 	177 BYN COM COX BYN 8777 B	TOTO LOTTOR FORMA AND	AT A TE	
City & State Ci	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102007 Chg-NP CR2E037 (12/06)				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of	City & State		City & State			50 2424200				
MACK, J.D. 9820 N.W. TTH AVENUE MIAMI, FL 33150 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Cept the Interval of Centrol Plants of Florida Cept the Interval of Centrol Plants of Florida Centrol Plants of Flo	Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired				
MACK, J.D. Street Address (P.O. Box Number to Not Acceptable) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered algent. Filling Foe is \$61.25 Duis by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE		6. Name and Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent			
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B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered algent. Signature	9820 N.W.	7TH AVENUE		Street Address		ss (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered algent. Signature	·									
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12. Thereby certify that the information symplicity with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information						· · · · · · · · · · · · · · · · · · ·				

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: