2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024608

Entity Name: A NEW DAWN-SUPPORTED LIVING PROVIDER, INC.

FILED Mar 25, 2009 Secretary of State

Thirty Name: ATTEM BANKIN COLF CITIES EIVING FROM DEIX, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	SSIE ALLEN LI SSEE, FL 323					
Current Mailing Address:			New Maili	New Mailing Address:		
2468 CLASSIE ALLEN LN TALLAHASSEE, FL 32311				7789 POINT VICENTE CT JACKSONVILLE, FL 32256		
FEI Number:	30-0014692	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SIBLEY, LITHO D 5219 BUNCHE DRIVE JACKSONVILLE, FL 32209 US			7789 PÓIN	SIBLEY, LITHO D 7789 POINT VICENTE CT JACKSONVILLE, FL 32256 US		
The above in the State		submits this statement for the p	ourpose of changing	ts regist	ered office or registered agent, or both,	
SIGNATURE:				03/25/2009		
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () SIBLEY, LITHO 2468 CLASSIE TALLAHASSEE	ALLEN LN	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SIBELEY, LITH	N LAKE DR 1807	Title: Name: Address: City-St-Zip:	7789 PC	(X) Change()Addition Y, LITHO DINT VICENTE CT DNVILLE, FL 32256	
Title: Name:	D () SIBLEY, LITHO	Delete D	Title: Name:	D SIBLEY	(X) Change()Addition , LITHO D	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7789 POINT VICENTE CT

JACKSONVILLE, FL 32256

SIGNATURE: LITHO SIBLEY CEO 03/25/2009

9009 WESTERN LAKE DR #1807

JACKSONVILLE, FL 32256

Address: City-St-Zip: