

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024608

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4456 PIONTE VICENTE CT.  
JACKSONVILLE, FL 32256 03

**New Principal Place of Business:**

7789 PIONTE VICENTE CT.  
JACKSONVILLE, FL 32256 03

**Current Mailing Address:**

7789 POINT VICENTE CT  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7789 PIONTE VICENTE CT.  
JACKSONVILLE, FL 32256 03

FEI Number: 30-0014692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SIBLEY, LITHO D  
7789 POINT VICENTE CT  
JACKSONVILLE, FL 32256 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: CEO  
Name: SIBLEY, LITHO D  
Address: 7789 POINT VICENTE COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: CEO  
Name: SIBELEY, LITHO D  
Address: 7789 POINT VICENTE CT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: SIBLEY, LITHO D  
Address: 7789 POINT VICENTE CT  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: LITHO D SIBLEY

CEO

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date