

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113301

FILED
Apr 10, 2006
Secretary of State

Entity Name: SENIOR LIVING CORPUS CHRISTI, INC.

Current Principal Place of Business:

111 NE 1ST STREET
SUITE 820
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

111 NE 1ST STREET
SUITE 820
MIAMI, FL 33132

New Mailing Address:

FEI Number: 90-0179269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TESCHER GUTTER CHAVES JOSEPH RUBIN P.A.
2101 CORPORATE BLVD
SUITE 107
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANSLEY, NANCY J
Address: 111 NE 1ST STREET SUITE 820
City-St-Zip: MIAMI, FL 33132

Title: T () Delete
Name: VELASCO, CARIDAD
Address: 111 NE 1ST STREET SUITE 820
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: NANCY J. ANSLEY

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date