2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State 03-29-2005 90026 021 ***150.00 **DOCUMENT # P02000108978** ROSEWOOD GARDENS OF PORT ST. LUICE, INC. Principal Place of Business Mailing Address **643 NE LAGOON LANE** 643 NE LAGOON LANE 66010550 PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983 03242005 DO NOT WRITE IN THIS SPACE Applied For 13-4216812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LESLIE AGNES J DO NOT WRITE 643 NE LAGOON LANE PORT ST LUCIE, FL 34983 IN THIS SPACE 8. The above named entity submits this statement for the purgose 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. SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 2.56 DTLE LESLIE, AGNES J 501 NE BISCAYNE DR STREET ADDRESS CITY-ST-719 PORT ST LUCIE, FL 34983 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NALEF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN-THIS-SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 repog as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

FILED