

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123486

FILED
Apr 30, 2008
Secretary of State

Entity Name: WARD TOWERS ASSISTED LIVING, INC.

Current Principal Place of Business:

7483 SW 24TH STREET
SUITE 209
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7483 SW 24TH STREET
SUITE 209
MIAMI, FL 33155

New Mailing Address:

FEI Number: 57-1139019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIERMAN, MITCHELL
2525 PONCE DE LEON BLVD
SUITE 700
MIAMI, FL 33134 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: DPC () Delete
Name: DUFFIE, ALBED
Address: 6013 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: ABAD, MAGALI R
Address: 2430 SW 18 ST
City-St-Zip: MIAMI, FL 33145

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: DUFFIE, ALBED
Address: 6013 NW 7TH AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 33127

Title: D (X) Change () Addition
Name: POWELL, NORMA C
Address: 17100 NE 19 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33152

Title: D () Change (X) Addition
Name: YAP, GEORGE
Address: 2450 NW 76 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Change (X) Addition
Name: ANGELO, HENRY
Address: P.O. BOX 226408
City-St-Zip: MIAMI, FL 33122

Title: D () Change (X) Addition
Name: ESCOBAR, CHESTER
Address: 1395 BRICKELL AVENUE, SUITE 650
City-St-Zip: MIAMI, FL 33131

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.

SIGNATURE: MARIA DE PEDRO-GONZALEZ

E-D

04/30/2008

Electronic Signature of Signing Officer or Director

Date