2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P03000014360

Entity Name: BACK TO EDEN ADULT LIVING FACILITY INC.

Current Principal Place of Business:

2150 NW 172ND TERR.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2150 NW 172ND TERR.
MIAMI, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAYLOR, VERA J
1600 NE 157TH TERR.
NORTH MIAMI BEACH, FL 33162 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: PD ( ) Delete
Name: NAYLOR, VERA J
Address: 1600 NE 157TH TERR.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete
Name: NAYLOR, GEORGE
Address: 1600 NE 157TH TERR.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD ( ) Delete
Name: KIRKLAND, RYAN
Address: 17985 NW 18TH AVE.
City-St-Zip: OPA LOCKA, FL 33056

Title: D ( ) Delete
Name: JACKSON, KAREN
Address: 207 30 NW 25TH AVE.
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: GEORGE NAYLOR VP 04/30/2005

Electronic Signature of Signing Officer or Director Date