

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014360

FILED  
May 02, 2006  
Secretary of State

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
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 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: GEORGE NAYLOR

VP

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date