2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
	DOCUMENT # P0300002098 1. Entity Name SUPPORT INDEPENDENT LIVING INC.	2				ly of State
	151 MARY ESTHER BLVD SUITE 313B	lailing Address 151 MARY ESTHER BLVD SUITE 313B MARY ESTHER, FL 32569				
	DO NOT WRITE II		DE		Chg-F CR	2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARRIER, BRENDA 2218 SALAMANCA STREET NAVARRE, FL 32566					T WRIT	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priced nerve of registered agent and lifted applicable (NOTE Registered Agent signature required when rehatizing) OATE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
l	10, OFFICERS AND DIRE	CTORS				
	NAME MARRIER, BRENDA STRELL ADDRESS CHY-ST-ZIP NAVARRE, FL 32566	. ÷			<u> </u>	032 68-019 150 .6 0
	NAME SIRILI ADDRESS CITY-SJ-ZIP			04,	/13/06-800	68-819 150 .6 0
ITTLE NAME STREEL ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME SIGNLY ADDRESS CATY-SA-ZIP				IN THIS SPACE		
	HTLE NAME SIRLE ADDRESS CITY-ST- 21P					
ļ	HILE NAME					

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature and type of printed have of signing diffice or directo

STREET ADDRESS CITY-ST-ZIP

3/24/06

Daylane Phone #