2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# P03000021367

Entity Name: ANGEL'S CARE RETIREMENT RESORT, INC

Current Principal Place of Business:

6767 CLARCONA-OCOEE RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6767 CLARCONA-OCOEE RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 41-2080434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. HUBERT JEAN, KISLENE
7043 HENNEPIN BLVD
ORLANDO, FL 32818 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: ST HUBERT JEAN, KISLENE
Address: 6767 CLARCONA OCOEE RD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KISLENE ST HUBERT JEAN PD 07/12/2005

Electronic Signature of Signing Officer or Director Date