


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-09-2004 90048 033 ***158.75

DOCUMENT # P03000058542	
1. Entity Name ASSISTED LIVING RESOURCES INC.	

Principal Place of Business 2120 58 AVE #130 VERO BEACH FL 32960	Mailing Address 2120 58 AVE #130 VERO BEACH FL 32960
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66443340



MOORE CR2E034 (11/03)

2. Principal Place of Business 2901 21 LANE	3. Mailing Address 2901 21 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH, FL	City & State VERO BEACH FL
Zip 32960	Zip 32960
Country US	Country US

4. FEL Number 57-1166422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FEIGEN, GLENN 2120 58 AVE #130 VERO BEACH FL 32960	
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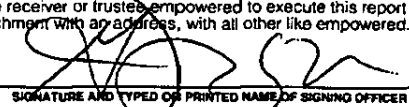
7. Name and Address of New Registered Agent Name GLENN FEIGEN Street Address (P.O. Box Number is Not Acceptable) 2901 21 LANE City VERO BEACH FL Zip Code 32960	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FEIGEN, GLENN 2120 58 AVE #130 VERO BEACH FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FEIGEN, KIMBERLY D 2120 58 AVE #130 VERO BEACH FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GLENN FEIGEN 2901 21 LANE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	4-4-04 7727704387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #