


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000109599 1. Entity Name JUBILEE ASSISTED LIVING HOME, INC.	
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Principal Place of Business 102 CARNIVAL DRIVE DAYTONA BEACH, FL	Mailing Address 102 CARNIVAL DRIVE DAYTONA BEACH, FL
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DO NOT WRITE IN THIS SPACE



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0527160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECTER, RANDAL L ESQ
175 W GRANADA BLVD SUITE 201
ORMOND BEACH, FL 32174-6362

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARE, MARIA 1724 VALENCIA AVE ORMOND BEACH, FL 32174
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05/29/07-80047-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Maria Ware C. Ware 5/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #