

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131918

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA SHORES ASSISTED LIVING, INC.

Current Principal Place of Business:

1229 MANGO TREE DRIVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

1229 MANGO TREE DRIVE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 37-1478437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUDALO, ISABELO JR.
1229 MANGO TREE DRIVE
EDGEWATER, FL 32132 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NUDALO, ISABELO JR.
Address: 1229 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132 US

Title: VSD () Delete
Name: NUDALO, ZENIA
Address: 1229 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ISABELO NUDALO, JR.

PTD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date