2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140590

FILED May 11, 2005 Secretary of State

Entity Name: ALDERWOODS AFP (FLORIDA), INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
200 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062				1630 S.W. PINE ISLAND ROAD CAPE CORAL, FL 33991		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
200 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062				259 YORKLAND ROAD TORONTO, CANADA, ON M2J5B2		
FEI Number:	: 76-0746511	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	current Registered Agent:	Name and	Address of	New Registered Agent:	
1201 HAYS TALLAHAS The above	SSEE, FL 3230	012525 US	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU		ic Signature of Registered Age	ent		 Date	
	ce with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution().		e.	23.0	
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MUTH, MARGA	DERAL HIGHWAY	Title: Name: Address: City-St-Zip:	TOTTLE, WIL 259 YORKLA		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	HOUSTON, P 259 YORKLA		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TOTTLE, WIL 259 YORKLA		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ANGELES, AZ 259 YORKLA		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DOYLE, RICH	INE ISLAND ROAD	

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: AZALEA ANGELES 05/11/2005 AS