2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 05, 2008 8:00 am **Secretary of State** DOCUMENT # P03000140590 05-05-2008 90229 002 ***150.00 ALDERWOODS AFP (FLORIDA), INC. Mailing Address 40000040 Principal Place of Business 1929 ALLEN PARKWAY 1630 S.W. PINE ISLAND ROAD HOUSTON, TX 77219 CAPE CORAL, FL 33991 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 76-0746511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE Delete TOTTLE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1929 ALLEN PARKWAY CITY-ST-ZIP HOUSTON, TX 77219 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE REICHERT, THOMAS NAME STREET ADDRESS 1929 ALLEN PARKWAY STREET ADDRESS CITY-ST. 7IP CITY-ST-ZIP HOUSTON, TX 77219 ☐ Change ☐ Addition Delete TITLE TITLE HEARD, GERRY NAME NAME STREET ADDRESS 1929 ALLEN PARKWAY STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77219 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE Janet S. Key MARSHALL, JUDITH NAME NAME 1929 Allon PAREWAY 1929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUGHON TEKAS 77019 CITY-ST-ZIP HOUSTON, TX 77219 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRIGGS, CURTIS NAME 1929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77219 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME GRAJEK, KEVIN NAME STREET ADDRESS 1929 ALLEN PARKWAY STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77219 CITY-ST-ZIP 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

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Daytime Phone #

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