

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056166

FILED
May 24, 2005
Secretary of State

Entity Name: INFINITE VIEW ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

PO BOX 120696
FORT LAUDERDALE, FL 333120012

New Principal Place of Business:

891 NW 49 AVE.
PLANTATION, FL 333171436

Current Mailing Address:

PO BOX 120696
FORT LAUDERDALE, FL 333120012

New Mailing Address:

FEI Number: 20-0883786 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, TAMI A.P.A.
1900 WEST COMMERCIAL BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUTCHINSON, KIMBERLY
Address: PO BOX 120696
City-St-Zip: FORT LAUDERDALE, FL 333120012

Title: VTD () Delete
Name: HUTCHINSON, KEITH
Address: PO BOX 120696
City-St-Zip: FORT LAUDERDALE, FL 333120012

Title: SD () Delete
Name: HILL, DELORES
Address: PO BOX 120696
City-St-Zip: FORT LAUDERDALE, FL 333120012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUTCHISON, KIMBERLY
Address: PO BOX 120696
City-St-Zip: FORT LAUDERDALE, FL 333120012

Title: VTD (X) Change () Addition
Name: HUTCHISON, KEITH
Address: PO BOX 120696
City-St-Zip: FORT LAUDERDALE, FL 333120012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY HUTCHISON

PRES

05/24/2005

Electronic Signature of Signing Officer or Director

Date