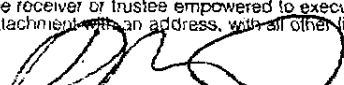


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066655 1. Entity Name ACADEMY ASSISTED LIVING FACILITY, INC.					
Principal Place of Business 1225 SOLTMAN AVE FORT PIERCE FL 34950				Mailing Address 702 MAYKKA RIVER TRACE PORT ST LUCIE FL 34986	
2. Principal Place of Business <i>1225 Soltman Ave</i> Suite, Apt. #, etc. <i>Fort Pierce FL</i> City & State 34950 USA Zip Country		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State Zip Country			
4. FCI Number 14-1907065				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent CELESTINE, MARIE O 702 MAYKKA RIVER TRACE PORT ST LUCIE FL 34986			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May D Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAL, RAJWANTI 2210 SE CARNATION RD PORT ST LUCIE FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add 1100000453034 03/18/06-80013-001 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CELESTINE, MARIE ODETE 702 MAYKKA RIVER TRACE PORT ST LUCIE FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <i>President</i> 3/1/06					