2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P04000066655

Entity Name: ACADEMY ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1225 SOLTMAN AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

702 MAYKKA RIVER TRACE
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 14-1907065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CELESTINE, MARIE O
702 MAYKKA RIVER TRACE
PORT ST LUCIE, FL 34986 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: D ( ) Delete
Name: LAL, RAJWANTI
Address: 845 GRAND RESERVE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: CELESTINE, MARIE ODETE
Address: 702 MAYKKA RIVER TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: RAJWANTIE LAL D 03/31/2009

Electronic Signature of Signing Officer or Director — Date