2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# P04000066889

Entity Name: CARING NURSES ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

900 S. HIGHLAND AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

900 S. HIGHLAND AVE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 57-1199954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADILLA, HELEN
900 S HIGHLAND AVE
CLEARWATER, FL 33756 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: P ( ) Delete
Name: PADILLA, HELEN
Address: 900 S HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33756

Title: V ( ) Delete
Name: MAMAELAZ, PHILIP
Address: 2946 BAYVIEW DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: PADILLA, MANUEL
Address: 150 11TH AVE S
City-St-Zip: LARGO, FL 33770

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PADILLA, HELEN
Address: 900 S HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: V (X) Change ( ) Addition
Name: PADILLA, MANUEL
Address: 150 11TH AVE SW
City-St-Zip: LARGO, FL 33770 US

Title: D (X) Change ( ) Addition
Name: PADILLA, MANUEL
Address: 150 11TH AVE S
City-St-Zip: LARGO, FL 33770 US

Title: D ( ) Change (X) Addition
Name: PADILLA, HELEN
Address: 150 11TH AVE SW
City-St-Zip: LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HELEN PADILLA P 05/11/2006

Electronic Signature of Signing Officer or Director Date