

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074435

FILED
Apr 24, 2011
Secretary of State

Entity Name: METAMORPHOSIS ASSISTED LIVING, INC.

Current Principal Place of Business:

4373 VENUS AVE.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4373 VENUS AVE.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 04-3792841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCO, DARELYN
4373 VENUS AVE.
WEST PALM BEACH, FL 33406 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

OFFICERS AND DIRECTORS:

Title: DS
Name: FRANCO, DARELYN
Address: 933 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DPT
Name: FRANCO, OLAVI
Address: 933 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: DARELYN FRANCO

DS

04/24/2011

Electronic Signature of Signing Officer or Director

Date