

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077408

FILED
Apr 30, 2005
Secretary of State

Entity Name: TRANSFORMATION ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1963-1965 CONTINENTAL BLVD.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1963-1965 CONTINENTAL BLVD.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 13-4280856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEYNE, HARRY
379 RED ROSE CIRCLE
ORLANDO, FL 32712 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: ALLEYNE, HARRY
Address: 379 RED ROSE CIRCLE
City-St-Zip: ORLANDO, FL 32712

Title: D () Delete
Name: ALLEYNE, LORRAINE
Address: 379 RED ROSE CIRCLE
City-St-Zip: ORLANDO, FL 32712

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 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: HARRY ALLEYNE

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date