

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000038429

FILED
Apr 05, 2007
Secretary of State

Entity Name: RIVER'S EDGE ADULT DAY CARE, INC.

Current Principal Place of Business:

4500 DIXIE HWY N.E.
SUITE #1-B
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

4500 DIXIE HWY N.E.
SUITE #1-B
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 30-0123404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, YVONNE T
170 CAVALIER ST
PALM BAY, FL 32909 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: D () Delete
Name: WILLIAMS, YVONNE T
Address: 4500 DIXIE HWY N.E.
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Delete
Name: BROWN, VANDIS
Address: 4500 DIXIE HWY N.E.
City-St-Zip: PALM BAY, FL 32905

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 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: YVONNE T. WILLIAMS

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date