

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040519

FILED  
May 01, 2006  
Secretary of State

Entity Name: SERENITY GARDENS RETIREMENT HOME, INC.

## Current Principal Place of Business:

8250 SOUTH WEST 4TH STREET  
NORTH LAUDERDALE, FL 33068 US

## New Principal Place of Business:

6200 CLEVELAND STREET  
HOLLYWOOD, FL 33024 US

## Current Mailing Address:

8250 SOUTH WEST 4TH STREET  
NORTH LAUDERDALE, FL 33068 US

## New Mailing Address:

6200 CLEVELAND STREET  
HOLLYWOOD, FL 33024 US

FEI Number: 75-3192871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITTER, CARL S  
7435 NORTH WEST 57TH STREET  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

KEATON, BLOSSOM S  
8250 SOUTH WEST 4TH STREET  
NORTH LAUDERDALE, FL 33068 US

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: BLOSSOM KEATON

05/01/2006

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: KEATON, BLOSSOM P MS  
Address: 8250 SOUTH WEST 4TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: TREA ( ) Delete  
Name: KEATON, BLOSSOM P MS  
Address: 8250 SOUTH WEST 4TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: SEC ( ) Delete  
Name: KEATON, BLOSSOM P MS  
Address: 8250 SOUTH WEST 4TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: DIR ( ) Delete  
Name: KEATON, BLOSSOM P MS  
Address: 8250 SOUTH WEST 4TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BLOSSOM KEATON

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date