

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125004

FILED
Jun 06, 2006
Secretary of State

Entity Name: MM ASSISTED LIVING FACILITY INC.

Current Principal Place of Business:

113 NE 7TH ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

113 NE 7TH ST
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERLEW, MICHAEL
2213 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 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: PD () Delete
Name: BICKERS, MALGORZATA
Address: 113 NE 7TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: ADDISON, MARCUS
Address: 113 NE 7TH ST
City-St-Zip: POMPANO BEACH, FL 33060

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: MALGORZATA URLIK BICKERS

PRES

06/06/2006

Electronic Signature of Signing Officer or Director

_____ Date