

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136055

FILED
Mar 16, 2006
Secretary of State

Entity Name: ANITA'S ALF OF PLANTATION INC

Current Principal Place of Business:

4890 NW 7TH ST.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4890 NW 7TH ST.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-3548500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE-RHODEN, LANA
4890 NW 7TH ST.
PLANTATION, FL 33317 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: P () Delete
Name: LEE-RHODEN, LANA
Address: 4890 NW 7TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: RHODEN, CARL-RAY
Address: 890 NW 127TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC () Delete
Name: RHODEN, KRISTAL
Address: 4890 NW 7TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: SEC () Delete
Name: RHODEN, SHERREE
Address: 4890 NW 7TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: SEC () Delete
Name: GRAHAM, TRACY-ANNE
Address: 4890 NW 7TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: TRE () Change (X) Addition
Name: RHODEN, CARLTON
Address: 4890 NW 7TH ST.
City-St-Zip: PLANTATION, FL 33317

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: CARLTON RHODEN

TRE

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date