2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P05000137302

Entity Name: OPEN ARMS ASSISTANT LIVING FACILITY INC

Current Principal Place of Business:

3549 OWEN AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

3549 OWEN AVE.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3820323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, THOMAS
5732 NORMANDY BLVD.
#8
JACKSONVILLE, FL 32205 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 T ( ) Delete
Name: BLOXOM, ANGELA
Address: P.O. BOX 77397
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP S ( ) Delete
Name: JONES, THOMAS
Address: 5732 NORMANDY BLVD. #8
City-St-Zip: JACKSONVILLE, FL 32205

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: THOMAS JONES VP 04/26/2006

Electronic Signature of Signing Officer or Director — Date