

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000156796

FILED
Sep 13, 2006
Secretary of State

Entity Name: LEHIGH ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

2411 E LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025

New Principal Place of Business:

613 CLAYTON AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

2411 E LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025

New Mailing Address:

613 CLAYTON AVE
LEHIGH ACRES, FL 33936

FEI Number: 20-3850846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATT, CLARENCE
2411 E LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

CAMPBELL, GREGORY
613 CLAYTON AVENUE
LEHIGH ACRES, FL 33936 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: GREGORY CAMPBELL

09/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATT, CLARENCE
Address: 2411 E LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Delete
Name: WATT, SANDRA
Address: 2411 E LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, GREGORY
Address: 613 CLAYTON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

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: GREGORY CAMPBELL

D

09/13/2006

Electronic Signature of Signing Officer or Director

Date