2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P07000006871

Entity Name: COLONY SPRINGS OF TAMARAC, INC.

Current Principal Place of Business:

8320 W SUNRISE BLVD., SUITE 204
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8320 W SUNRISE BLVD., SUITE 204
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-8259712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, MARK L
8320 W SUNRISE BLVD., SUITE 204
PLANTATION, FL 33322 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: SCHMIDT, MARK L
Address: 8320 W SUNRISE BLVD., SUITE 204
City-St-Zip: PLANTATION, FL 33322

Title: VT ( ) Delete
Name: SCHMIDT, JUSTIN B ESQ.
Address: 8320 W SUNRISE BLVD., SUITE 204
City-St-Zip: PLANTATION, FL 33322

Title: VS ( ) Delete
Name: GIORDANEILI, PERRY
Address: 8333 W. MCNAB ROAD, SUITE 127
City-St-Zip: TAMARAC, FL 33322

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: SCHMIDT, JUSTIN B ESQ.
Address: 8320 W SUNRISE BLVD., SUITE 204
City-St-Zip: PLANTATION, FL 33322

Title: VP (X) Change ( ) Addition
Name: GIORDANEILI, PERRY
Address: 8333 W. MCNAB ROAD, SUITE 128
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Change (X) Addition
Name: SCHMIDT, CELIA
Address: 11920 SW 22 COURT
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify 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: MARK L. SCHMIDT P 01/13/2009

Electronic Signature of Signing Officer or Director — Date