

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042812

FILED
Jan 25, 2008
Secretary of State

Entity Name: ASSISTED LIVING OF PALM BEACH GARDENS INC.

Current Principal Place of Business:

8843 JASPERS DR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

9239 W. HIGHLAND PINES DR
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

8843 JASPERS DR
BOYNTON BEACH, FL 33437

New Mailing Address:

9239 W. HIGHLAND PINES DR
PALM BEACH GARDENS, FL 33418

FEI Number: 56-2648481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, TINA
8843 JASPERS DR
BOYNTON BEACH, FL 33437 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: PT () Delete
Name: SANDERS, TINA
Address: 8843 JASPERS DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: SMITH, MAURICE H
Address: 7380 BURGESS DR
City-St-Zip: LAKE WORTH, FL 33467

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 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: TINA SANDERS

PT

01/25/2008

Electronic Signature of Signing Officer or Director

Date