

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000076560

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** WATCHFUL EYES IN-HOME ASSISTED LIVING, INC.

**Current Principal Place of Business:**

4441 NW 16TH ST  
J111  
LAUDERHILL, FL 33313 US

**New Principal Place of Business:**

19972 SW 5TH COURT  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

19972 SW 5TH COURT  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 27-3737938      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRESHAM, JEFFREY L  
19972 SW 5TH COURT  
PEMBROKE PINES, FL 33029 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRESHAM, JEFFREY L  
Address: 19972 SW 5TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DVP  
Name: GRESHAM, SHARLENE G  
Address: 19972 SW 5TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY L GRESHAM

DP

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date