

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000091031

FILED
Apr 30, 2011
Secretary of State

Entity Name: BLUE HAVEN ASSISTED LIVING, INC.

Current Principal Place of Business:

33409 IRONGATE DRIVE
LEESBURG, FL 34788

New Principal Place of Business:

33409 IRONGATE DRIVE
LEESBURG, FL 34788 US

Current Mailing Address:

33409 IRONGATE DRIVE
LEESBURG, FL 34788

New Mailing Address:

33409 IRONGATE DRIVE
LEESBURG, FL 34788 US

FEI Number: 27-3866453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGROVE, LEYTONYA
33409 IRONGATE DRIVE
LEESBURG, FL 34788 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: PVST
Name: HARGROVE, LEYTONYA
Address: 33409 IRONGATE DRIVE
City-St-Zip: LEESBURG, FL 34788 US

Title: PVST
Name: HARGROVE, LEYTONYA
Address: 33409 IRONGATE DRIVE
City-St-Zip: LEESBURG, FL 34788 US

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Title: PVST
Name: HARGROVE, LEYTONYA
Address: 33409 IRONGATE DRIVE
City-St-Zip: LEESBURG, FL 34788 US

Title: PVST
Name: HARGROVE, LEYTONYA
Address: 33409 IRONGATE DR
City-St-Zip: LEESBURG, FL 34788 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: LEYTONYA HARGROVE

PVST

04/30/2011

Electronic Signature of Signing Officer or Director

Date