

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 011 ***158.75

DOCUMENT # P95000070799

1. Entity Name
 NATIONAL ASSISTED LIVING MANAGEMENT CORP.



Principal Place of Business 3073 HORSESHOE DRIVE SOUTH STE 100 NAPLES, FL 34104	Mailing Address 3073 HORSESHOE DRIVE SOUTH STE 100 NAPLES, FL 34104
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50015666



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-061021	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

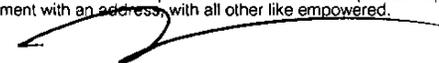
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	GOPD	<i>DELETE</i>
NAME	RARRISH, ALAN D	
STREET ADDRESS	3073 HORSESHOE DR. STE. 100	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	ST D	<i>ADDITION</i>
NAME	RAWLES, THOMAS E JR.	
STREET ADDRESS	3073 HORSESHOE DR. STE. 100	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **T.E. Rawles., Jr.** *239-262-8006*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #