


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000012863</b> 1. Entity Name TIFFANY LAKE CARE CENTERS, INC.	
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Principal Place of Business 402 N RIVERSIDE DR NEW SMYRNA BEACH FL 32168 US	Mailing Address 402 N RIVERSIDE DR NEW SMYRNA BEACH FL 32168 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3385296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CULVER, DESIREE A</b> <b>402 N RIVERSIDE DR</b> <b>NEW SMYRNA BEACH FL 32168</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____

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 *Desiree Culver* (NOTE: Registered Agent signature required when re-registering) DATE 2/9/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULVER, DESIREE A			NAME	1000000631169		
STREET ADDRESS	402 N RIVERSIDE DR			STREET ADDRESS	02/20/07-80036-009 150.00		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULVER, DESIREE A			NAME			
STREET ADDRESS	117 SWEET BAY BLVD			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP			
TITLE	CM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULVER, DESIREE A			NAME			
STREET ADDRESS	117 SWEET BAY BLVD			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Desiree Culver / Desiree Culver* 2/9/07 (386)689-2030