2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043265

FILED Apr 16, 2007 Secretary of State

| Entity Na | me: SUNNY | HILLS ASSISTED LIVING FAC | ILITY, INC. | | | | |
|---|--|--|---|--|--|---------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | | |
| | MMERCE CNT , FL 33870 | R DR | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | | |
| | SHINGTON S [*] OOD, FL 330 | | | | | | |
| FEI Number: 65-0834767 FEI Number Applied For() FEI | | | FEI Number Not Appl | umber Not Applicable () Certificate of Status Desired () | | | |
| Name and | d Address of | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| MORRISC 1200 W. F | | ESQUIRE N & MILLS, P.A. T, SUITE 100 | | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing i | ts registered | d office or registered agent, or | - both, | |
| SIGNATU | RE: | | | | | | |
| | Electro | nic Signature of Registered Ago | ent | | Date | | |
| Election Ca | mpaign Financi | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LOWRY, ROE 1004 WASHIN | IGTON STREET | Title: Name: Address: City-St-Zip: | LOWRY, RO 1004 WASH | (X) Change()Addition BERT P INGTON STREET D, FL 33019 | | |
| Title: Name: | VP (. OAKES, CHAI | X) Delete RLES | Title: Name: | | () Change () Addition | | |

Title:

Address:

City-St-Zip:

City-St-Zip:

DVP

Name: Address:

3600 COMMERCE CNTR BLVD SEBRING, FL 33870

() Delete LOWRY, ROBERT L

11 THUNDERBAY DR GRAY, TN 37615

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT PLOWRY DP 04/16/2007