2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044271

City-St-Zip:

NAPLES, FL 34101 US

FILED May 05, 2005 Secretary of State

Entity Name: ST. CHRISTOPHER'S ADMISSIONS CORP.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
P.O. BOX 7 NAPLES, F		US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 7 NAPLES, F		US			
FEI Number:	65-0919320	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FOSTH, CATHERINE M CPA 1008 CATHERINE ROAD NORTH #201 NAPLES, FL 34102 US			4099 TAMIÁMI TRAIL N #200	GERARDIN, CAROL CPA 4099 TAMIAMI TRAIL N. #200 NAPLES, FL 34102 US	
The above in the State		y submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CAROL GERARDIN				05/05/2005	
	Electr	onic Signature of Registered Ager	nt	Date	
		193(2)(b), F.S., the corporation did not ing Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P LEONE, PAU P.O. BOX 70 NAPLES, FL	38	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S LEONE, TRI P.O. BOX 70 NAPLES, FL	38	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T SHAIKH, FIR P.O. BOX 70		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: TRICIA PANELLA LEONE S 05/05/2005