## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 23, 2006 08:00 A DOCUMENT # V47059 **Secretary of State** 1. Entity Name SANCTUARY OF BOCA, INC. Principal Place of Business Mailing Address 4400 N. FEDERAL HWY 4400 N. FEDERAL HWY. SUITE 210 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0341725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRINCE, ELAYNE DO NOT WRITE 4400 N. FEDERAL HIGHWAY **SUITE 210** IN THIS SPACE BOCA RATON, FL 33431 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) *UDDDDD*397652 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 01/30/06-80057-004 150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D ITTLE NAME PRINCE, ALLEN STREET ADDRESS 60 CUTTER MILL ROAD #611 CITY-ST-ZIP GREAT NECK, NY D TITLE PRINCE, ELAYNE STREET ADDRESS 4400 N. FEDERAL HWY STE 210 CITY-ST-7IP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with his 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 in 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 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. changed, or on an attachn r like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> OR PRINTED NAME OF SIGNING OFFICER OR RECTOR