

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2006
Secretary of State**

DOCUMENT# N27116

Entity Name: SENIOR L.I.F.T. CENTER, INC.

Current Principal Place of Business:

8505 MILLS DR., R-4
TOWN & COUNTRY CENTER
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

8505 MILLS DR., R-4
TOWN & COUNTRY CENTER
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 65-1028335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZEN, IRA
9130 S. DADELAND BLVD.
SUITE 1129
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HUDSON, RUTH E
Address: 10825 SUN 12AVE # 110
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: LABORANTI, MARGUERITE
Address: 371 WEST PARK DR #8
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: WHITING, MURIEL
Address: 18203 SW 143 PL
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: GREEN, MARILYN
Address: 10420-6 SW 153 CT
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: STERN, MARY
Address: 8453 SW 137TH AVENUE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: SEGURA, PAUL
Address: 11060 SW 57 STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUDSON, RUTH E
Address: 10825 SUN 12AVE # 110
City-St-Zip: MIAMI, FL 33176

Title: B (X) Change () Addition
Name: LABORANTI, MARGUERITE
Address: 371 WEST PARK DR #8
City-St-Zip: MIAMI, FL 33172

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GREEN, MARILYN
Address: 10420-6 SW 153 CT
City-St-Zip: MIAMI, FL 33196

Title: T (X) Change () Addition
Name: GRUBER, SHIRLEY
Address: 1088 SW 128 AVE
City-St-Zip: MIAMI, FL 33184

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH E. HUDSON

P

02/13/2006

Electronic Signature of Signing Officer or Director

Date