

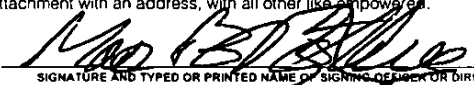


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 049 ****70.00

DOCUMENT # N28414					
1. Entity Name ALLIANCE FOR AGING, INC.					
Principal Place of Business 9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156			Mailing Address 9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0101947				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEYTON, KARLENE 9500 SOUTH DADELAND BLVD.1 SUITE 400 MIAMI, FL 33156			Name MAX B. ROTHMAN		
			Street Address (P.O. Box Number is Not Acceptable)		
			9500 S. DADELAND BLVD # 400		
			City MIAMI		Zip Code FL 33156
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 			02/12/08		
Signature, typed or printed name of registered agent and title (if applicable)			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAURER, GEORGE	NAME			
STREET ADDRESS	1800 ATLANTIC BLVD #119-C	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POPE, SUZETTE	NAME			
STREET ADDRESS	3425 NW 4 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP			
TITLE	APCE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEYTON, KARLENE	NAME	PRESIDENT + CEO		
STREET ADDRESS	9500 S. DADELAND BLVD #400	STREET ADDRESS	MAX B. ROTHMAN		
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	9500 S. DADELAND BLVD #400		
TITLE	CHAI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COZAD, ROSA	NAME			
STREET ADDRESS	300 S. PARK RD	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPkins, RONALD	NAME			
STREET ADDRESS	500 NW 165TH STREET SUITE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	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 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 617, 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: 			02/12/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
MAX B. ROTHMAN, J.D. LL.M.					