2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43637

FILED Aug 06, 2008 Secretary of State

Entity Name: ELDER SERVICES RESOURCE NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O DAVID LIEBERMAN 8500 W SUNRISE BLVD 8500 W SUNRISE BLVD PLANTATION, FL 33324

PLANTATION, FL 33324 US

New Mailing Address:

C/O KATHY PARKES 2269 S UNIVERSITY DR #238 **DAVIE, FL 33322**

Current Mailing Address:

FEI Number: 65-0869294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIEBERMAN, DAVID PARKES, KATHY 8500 W SUNRISE BOULEVARD 2269 S UNIVERSITY 238 PLANTATION, FL 33322 DAVIE, FL 33324 US

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: KATHY PARKES 08/06/2008

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

US

() Delete (X) Change () Addition BRODIE, MICHAEL LINCOLN, PAUL Name: Name:

5066 NE 2 AVE Address: 9900 STIRLING ROAD #244 Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: COOPER CITY, FL 33024

Title: Title: () Delete (X) Change () Addition LINCOLN, PAUL Name: GRAY, ED Name:

Address: 9900 STIRLING RD Address: 4701 NW 33 AVE City-St-Zip: COOPER CITY, FL 33024 City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Delete Title: (X) Change () Addition

ELIAS, STACEY KEEFE, PAUL Name: Name: 150 GREENS RD Address: Address: 309 SE 18 ST

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Delete Title: (X) Change () Addition Name: PARKES, KATHY Name: PARKES, KATHY 2269 S UNIVERSITY DRIVE 2269 S UNIVERSITY DRIVE # 238 Address: Address:

City-St-Zip: **DAVIE, FL 33324** City-St-Zip: **DAVIE, FL 33324**

Title: () Delete Title: () Change () Addition

SOLOMON, PHILLIP Name: Name: 3349 N UNIVERSITY DR #204 Address: Address: City-St-Zip: **DAVIE, FL 33024** City-St-Zip:

Title: () Delete Title: () Change () Addition

MCCARTHY, JUNE Name: Name: Address: 4255 W COMMERCIAL BLVD Address: TAMARAC, FL 33319 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHY PARKES Т 08/06/2008