

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90132 032 \*\*\*150.00

**DOCUMENT # P01000084480**

1. Entity Name  
**TODAYS SENIORS OF FLORIDA, INC.**



Principal Place of Business 2500 QUANTUM LAKES DR 203 BOYNTON BEACH, FL 33426	Mailing Address 2500 QUANTUM LAKES DR 203 BOYNTON BEACH, FL 33426
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2. Principal Place of Business - No P.O. Box # <b>4702 FOUNTAINS DR S</b>	3. Mailing Address <b>4702 FOUNTAINS DR S</b>
Suite, Apt. #, etc. <b># 204</b>	Suite, Apt. #, etc. <b># 204</b>

City & State <b>LAKE WORTH FL</b>	City & State <b>LAKE WORTH FL</b>
Zip <b>33467</b>	Country <b>PALM BEACH</b>
Zip <b>33467</b>	Country <b>PALM BEACH</b>

04302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**52-2380120**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHENKMAN, BENJAMIN P ESQ.**  
**2160 WEST ATLANTIC AVE**  
**2ND FLOOR**  
**DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

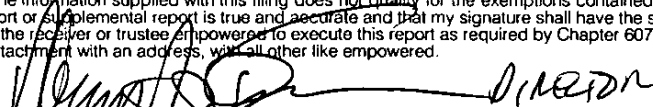
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDER, HAROLD I</b> <b>4702 FOUNTAINS DR SOUTH</b> <b>LAKE WORTH, FL 33467</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  **DIRECTOR** **4/29/2008** **SGI**  
Signature, typed or printed name of signing officer or director Date Daytime Phone # **866-7932**