2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007168

FILED Mar 26, 2009 Secretary of State

Entity Name: ADVOCATES FOR THE AGING INC.	
Current Principal Place of Business:	New Principal Place of Business:
2526 DIPLOMAT DRIVE MELBOURNE, FL 32901	2526 DIPLOMAT DRIVE MELBOURNE, FL 32901 US
Current Mailing Address:	New Mailing Address:
2526 DIPLOMAT DRIVE MELBOURNE, FL 32901	2526 DIPLOMAT DRIVE MELBOURNE, FL 32901 US
FEI Number: 22-3974930 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	SCUDERI, DANICA P PRESIDE 2526 DIPLOMAT DRIVE MELBOURNE, FL 32901 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: DANICA SCUDERI	03/26/2009
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: () Delete Name: Address: City-St-Zip:	Title: MRS. () Change (X) Addition Name: SCUDERI, DANICA P PRESIDE Address: 2526 DIPLOMAT DRIVE City-St-Zip: MELBOURNE, FL 32901 US
Title: () Delete Name: Address: City-St-Zip:	Title: MR. () Change (X) Addition Name: SCUDERI, PETER J SECRETA Address: 2526 DIPLOMAT DRIVE City-St-Zip: MELBOURNE, FL 32901 US
Title: () Delete Name: Address: City-St-Zip:	Title: MR. () Change (X) Addition Name: SCUDERI, PETER J TREASUR Address: 2526 DIPLOMAT DRIVE City-St-Zip: MELBOURNE, FL 32901 US

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

SIGNATURE: DANICA SCUDERI MS. 03/26/2009