

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062303

FILED
Feb 22, 2007
Secretary of State

Entity Name: ADVANCE AGE INSURANCE SERVICES, INC.

Current Principal Place of Business:

499 NORTH STATE ROAD 434
SUITE 2111
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

124 MARCIA DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32714 29

Current Mailing Address:

499 NORTH STATE ROAD 434
SUITE 2111
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

124 MARCIA DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32714 29

FEI Number: 59-3267204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALEY, EVERARD A
499 NORTH STATE ROAD 434
SUITE 2111
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

DALEY, EVERARD A
124 MARCIA DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32714 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: EVERARD A. DALEY

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DALEY, EVERARD A
Address: 3661 ROCHELLE LANE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: BUREY, ORLEY B
Address: 6009 CANYON DE CHELLY CT.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BUREY, ORLEY B
Address: 3256 ROLLING HILLS LANE
City-St-Zip: APOPKA, FL 32712

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

SIGNATURE: EVERARD A. DALEY

PRES

02/22/2007

Electronic Signature of Signing Officer or Director

Date