


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90132 032 ***150.00

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| DOCUMENT # P01000084480 |  |
| 1. Entity Name TODAYS SENIORS OF FLORIDA, INC. | |

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| 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 # 4702 FOUNTAINS DR S Suite, Apt. #, etc. # 204 | 3. Mailing Address 4702 FOUNTAINS DR S Suite, Apt. #, etc. # 204 |
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| City & State LAKE WORTH FL | City & State LAKE WORTH FL |
| Zip 33467 | Country PALM BEACH |



04302008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 52-2380120 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SHENKMAN, BENJAMIN P ESQ. 2160 WEST ATLANTIC AVE 2ND FLOOR DELRAY BEACH, FL 33445 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIEDER, HAROLD I 4702 FOUNTAINS DR SOUTH LAKE WORTH, FL 33467 <input type="checkbox"/> Delete | 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:  4/29/2008 561
HAROLD I. FRIEDER 866-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #