


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741251</b> 1. Entity Name <b>CONTEMPORARY HOUSING FOR THE AGED, INC.</b>	
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Principal Place of Business <b>220 W. 74TH PL. HIALEAH, FL 33014</b>	Mailing Address <b>POST OFFICE BOX 450049 ATLANTA, GA 31145 US</b>
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01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1828788</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GRIFFITH, HAROLD 220 WEST 74TH PLACE HIALEAH, FL 33014</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLENN, JOSEPH F. 3447 GREYSTONE CIRCLE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GLENN, ELIZABETH C. 3447 GREYSTONE CIRCLE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD REINHART, ROBERT L 3447 GREYSTONE CIRCLE ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000606680 01/31/07-80007-002 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 617, 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:** Joseph F. Glenn, Pres. 1/16/07 770-496-0598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #