2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002110

FILED May 09, 2005 Secretary of State

Entity Name: LITTLE BROTHERS - FRIENDS OF THE ELDERLY, INC.

Current Principal Place of Business: New Principal Place of Business: 16590 S DIXIE HIGHWAY MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 16590 S DIXIE HIGHWAY MIAMI, FL 33157 FEI Number: 36-3315721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUERRERO, ALEJANDRO 16590 S. DIXIE HIGHWAY MIAMI, FL 33157 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEARD, LORETTA HOARD, LORETTA Name: Name: Address: 309 BELLEVUE AVE. Address: 309 BELLEVUE AVE. City-St-Zip: DALY CITY, CA 94014 City-St-Zip: DALY CITY, CA 94014 Title: () Delete Title: (X) Change () Addition KILAND, TAYLOR B Name: PREMER, KATHLEEN Name: Address: 621 E MAIN Address: 4603 30TH ROAD SOUTH City-St-Zip: HART, MI 49420 City-St-Zip: ARLINGTON, VA 22206 Title: () Delete Title: () Change () Addition BORZO, GREG Name: Name: 5519 N. SPALDING Address: Address: City-St-Zip: CHICAGO, IL 60625 City-St-Zip: Title: () Delete Title: () Change () Addition BORZO, NANCY B Name: Name: 50 MOUNOS BLVD Address: Address: City-St-Zip: ST PAUL, MN 55106 City-St-Zip: Title: Title: () Delete () Change (X) Addition ELISA, DREW T Name: Name: 954 W. WASHINGTON BLVD., 5TH FL Address: Address: CHICAGO, IL 60607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISA T. DREW D 05/09/2005