
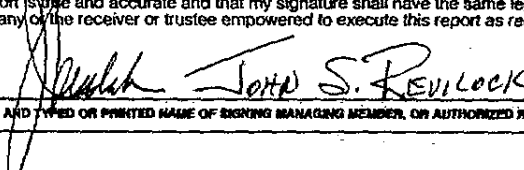


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L00000013405</b> 1. Entity Name <b>PROBLEM SOLVING FOR THE SENIORS, LLC</b>		
Principal Place of Business <b>886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176</b>		Mailing Address <b>P.O. BOX 2566 ORMOND BEACH, FL 32175</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04202005No Chg-LLC CR2E083 (10/03)
4. FEI Number <b>59-3675801</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>REVILOCK, JOHN S 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, ANNE ROONEY 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVILOCK, JOHN S 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <b>JOHN S. REVILOCK</b>		Date <b>4/20/2005</b> Daytime Phone # <b>386-671-2953</b>