

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123164

Entity Name: ITS SAFE AGING, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

9330 REGENCY PARK BLVD
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9330 REGENCY PARK BLVD
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 03-0576637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EKREN, WAYNE K
9330 REGENCY PARK BLVD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAZIO, VANESSA M
Address: 11302 LAKEVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: HOOBLER, EDWARD U
Address: 1288 VALLEY FORGE ROAD SUITE 54
City-St-Zip: VALLEY FORGE, PA 19482

ADDITIONS/CHANGES:

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

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

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 is true and accurate and that my electronic 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: VANESSA M. DAZIO

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date