## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L59047

FILED Jan 28, 2009 Secretary of State

Entity Name: SENIOR INSURANCE RESOURCES INC.

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1980 N. AT #902	ΓLANTIC AVE.				
	CH, FL 32931	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O JOHN PO BOX 3:	I J. ALEXANDE 20310	₹			
	CH, FL 32932	US			
FEI Number:	: 59-2997248	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				f New Registered Agent:	
The above	EACH, FL 3293 named entity so e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			gent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) I ALEXANDER, JO 1527 S ATLANTI COCOA BCH, FL	C AVE \$401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ()  ALEXANDER, RG 1527 S ATLANTI COCOA BCH, FL	C AVE #401	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. ALEXANDER PRES 01/28/2009