2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# N02000000152

Entity Name: AGING SOLUTIONS, INC.

Current Principal Place of Business:

14499 NORTH DALE MABRY HIGHWAY
SUITE 139
TAMPA, FL 33618

New Principal Place of Business:

P.O. BOX 342065
TAMPA, FL 33694

Current Mailing Address:

14499 NORTH DALE MABRY HIGHWAY
SUITE 139
TAMPA, FL 33618

New Mailing Address:

P. O. BOX 342065
TAMPA, FL 33694

FEI Number: 04-3587900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRIBBEN, TAMARA
Address: 14499 NORTH DALE MABRY HIGHWAY SUITE 139
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete
Name: CHAPMAN, CASSANDRA F
Address: 14499 NORTH DALE MABRY HIGHWAY SUITE 139
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: HALEY, WILLIAM E PH.D
Address: 14499 NORTH DALE MABRY HIGHWAY SUITE 139
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: ROGERS, REBA
Address: 14499 N. DALE MABRY HWY SUITE 139
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: MURMAN, SANDRA SR
Address: 14499 N. DALE MABRY HWY SUITE 139
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: LEE, TOM(HONORABLE)
Address: 14499 DALE MARBY HWY SUITE 139
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRIBBEN, TAMARA
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: SD (X) Change ( ) Addition
Name: JONES, TIMOTHY B
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: HALEY, WILLIAM E PH.D
Address: P. O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: ROGERS, REBA
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: MURMAN, SANDRA SR
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change ( ) Addition
Name: LEE, TOM(HONORABLE)
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

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: TAMARA CRIBBEN PD 08/17/2005

Electronic Signature of Signing Officer or Director — Date