## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 10, 2006 8:00 am Secretary of State 08-10-2006 90002 019 \*\*\*\*70.00

DOCUMENT # N0200000152  1. Entity Name AGING SOLUTIONS, INC.  Principal Place of Business  Mailing Address								O.	3-10-2006 S		02491	
P. O. BOX 342065 P. O. BOX 342 TAMPA, FL 33694 TAMPA, FL 33			OX 342065				1 18 17 11 1	1 EU PEU)	l krom adın görü üz	<b></b>		inal Straw
2. Principal Place of Business		3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					08072006 Chg-NP CR2E037 (4/06)					
City & State		City & State				4. FEI Nut 04-3	mber 58790	00		— <del>— — —</del>	plied For t Applicable	
Zip	Country	Zip		Cou	intry		5. Certific	ate of S	tatus Desired	8	\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered	Agent				7. Name a	and Ade	dress of New I	Registered	Agent	
SPIEGEL 8	& UTRERA, P.A. 22ND ST.				Name Street Ad	ddress (F	P.O. Box Nu	mber is	Not Acceptabl	e)		
4TH FLOC MIAMI, FL	)R											<del></del> .
				!	City					FI	Zip Code	8
	named entity submits this statement tions of registered agent.	for the purpos	e of changing its	registere	ed office or	register	ed agent, or	both, ir	n the State of Fi	lorida. Iam	ı familiar with,	and accept
0.0		ent and ittle if applic.	able. (NOTE	: Recistere	d Agent signatu	re required	when reinstation	1		DATE		
	Signaure, speed or printed name of registered age Filling Fee is \$61.25 ue by September 6, 2006	ent and little if applic.	9. Election Carr Trust Fund C	npaign F	inancing	re required	\$5.00 Ma	ay Be	1		ck payable t	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR