

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 # N02000000152					
1. Entity Name AGING SOLUTIONS, INC.					
Principal Place of Business P.O. BOX 342065 TAMPA, FL 33694			Mailing Address P. O. BOX 342065 TAMPA, FL 33694		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3587900	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CRIBBEN, TAMARA STREET ADDRESS P.O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input type="checkbox"/> Delete		TITLE SD NAME Earnest Williams STREET ADDRESS P.O. Box 342065 CITY-ST-ZIP Tampa FL 33694	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME JONES, TIMOTHY B STREET ADDRESS P.O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input checked="" type="checkbox"/> Delete		TITLE Michael Coffey NAME P.O. Box 342065 STREET ADDRESS Tampa FL 33694	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HALEY, WILLIAM E PH.D STREET ADDRESS P. O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROGERS, REBA STREET ADDRESS P.O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MURMAN, SANDRA SR STREET ADDRESS P.O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEE, TOM(HONORABLE) STREET ADDRESS P.O. BOX 342065 CITY-ST-ZIP TAMPA, FL 33694	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ron Pierce STREET ADDRESS P.O. Box 342065 CITY-ST-ZIP Tampa, FL 33694	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.					
SIGNATURE: <i>Tamara Cribben</i>			8/16/06 813-949-1888		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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