

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000152

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: AGING SOLUTIONS, INC.

**Current Principal Place of Business:**

312 W LUTZ LAKE FERN ROAD  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 342065  
TAMPA, FL 33694

**New Mailing Address:**

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

**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: SD ( ) Delete  
Name: WILLIAMS, EARNEST  
Address: P.O. BOX 342065  
City-St-Zip: TAMPA, FL 33694

Title: D ( ) Delete  
Name: COFFEY, MICHAEL  
Address: PO BOX 342065  
City-St-Zip: TAMPA, FL 33694

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

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

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

Title: D ( ) Delete  
Name: PIERCE, RON  
Address: P.O. BOX 342065  
City-St-Zip: TAMPA, FL 33694

**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: DVP (X) Change ( ) Addition  
Name: COFFEY, MICHAEL  
Address: PO BOX 342065  
City-St-Zip: TAMPA, FL 33694

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

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

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

Title: STD (X) Change ( ) Addition  
Name: WILLIAMS, EARNEST  
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 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 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

03/26/2008

Electronic Signature of Signing Officer or Director

Date