

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000152

FILED
May 21, 2009
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 ()
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:

Name and Address of New Registered Agent:

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

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: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: DVP () 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 CPA
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: STD () Delete
Name: WILLIAMS, EARNEST
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

05/21/2009

Electronic Signature of Signing Officer or Director

Date