2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N02000002866

Entity Name: ADVOCATES & GUARDIANS FOR THE ELDERLY & DISABLED, INC.

Current Principal Place of Business:

1201 HOMOSASSA CT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 520878
LONGWOOD, FL 327520878

New Mailing Address:

FEI Number: 75-3033804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOYT, PEGGY R
254 PL DR
SUITE B
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

HOYT, PEGGY R
254 PLAZA DR
SUITE B
OVIEDO, FL 32765 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: _____ 04/22/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GLUSKIN, GLORIA
Address: 1617 HILLCREST ST
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: LINGER, TIM
Address: 934 N MAGNOLIA AVE 301
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: DEXTER, AL S
Address: 604-118 CHESTNUT OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KUBAY, JACKIE
Address: 15634 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: D (X) Change ( ) Addition
Name: BORRELLI, JOHN
Address: 10371 TURBY CT
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition
Name: DEXTER, ALICE S
Address: 604-118 CHESTNUT OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: NICK BARTON ED 04/22/2007
Electronic Signature of Signing Officer or Director — Date