

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000815

FILED
Apr 26, 2009
Secretary of State

Entity Name: AGING SAFELY, INC.

Current Principal Place of Business:

8374 MARKET ST #516
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

Current Mailing Address:

8374 MARKET ST #516
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 20-4122973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLASS, ANNE S ESQ
1111 THIRD AVENUE WEST STE 120
BRADENTON, FL 34205 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: D () Delete
Name: BUTLER, M. ASHLEY
Address: 8014 COLLINGWOOD CT
City-St-Zip: BRADENTON, FL 34201

Title: D () Delete
Name: ROGERS, REBA CPA
Address: P.O. BOX 14179
City-St-Zip: BRADENTON, FL 34280

Title: D () Delete
Name: DOUGLASS, ANNE S ESQ.
Address: 1111 3RD AVE WEST
City-St-Zip: BRADENTON, FL 34205

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:

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: M. ASHLEY BUTLER

CEO

04/26/2009

Electronic Signature of Signing Officer or Director

Date