

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 29, 2009
Secretary of State

DOCUMENT# N06000000815

Entity Name: AGING SAFELY, INC.

Current Principal Place of Business:8374 MARKET ST #516
LAKEWOOD RANCH, FL 34202**New Principal Place of Business:**1101 6TH AVE WEST
#109
BRADENTON, FL 34205**Current Mailing Address:**8374 MARKET ST #516
LAKEWOOD RANCH, FL 34202**New Mailing Address:**1101 6TH AVE WEST
#109
BRADENTON, FL 34205

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:**SMITH, CHRISTOPHER D ESQ
7313 INTERNATIONAL PL
SARASOTA, FL 34240 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: CHRISTOPHER SMITH

10/29/2009

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 34201Title: D () Delete
Name: ROGERS, REBA CPA
Address: P.O. BOX 14179
City-St-Zip: BRADENTON, FL 34280Title: D () Delete
Name: DOUGLASS, ANNE S ESQ.
Address: 1111 3RD AVE WEST
City-St-Zip: BRADENTON, FL 34205Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: CEO (X) Change () Addition
Name: EISCH, JONENE
Address: 1101 6TH AVE W #109
City-St-Zip: BRADENTON, FL 34205Title: D () Change (X) Addition
Name: DINE, ERIKA ESQ
Address: 1101 6TH AVE W #108
City-St-Zip: BRADENTON, FL 34205Title: D () Change (X) Addition
Name: RICKENBRODE, MARY ALICE
Address: 1101 6TH AVE W #109
City-St-Zip: BRADENTON, FL 34201

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

D

10/29/2009

Electronic Signature of Signing Officer or Director

Date