2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18396

FILED Mar 16, 2009 Secretary of State

Entity Name: LOLA & SAUL KRAMER SENIOR SERVICES AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business: 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417 FEI Number: 59-2753822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SADOWSKY, ALAN D 4920 LORING DR WEST PALM BEACH, FL 33417 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KATZ, STANLEY M Name: Name: 2 BREAKERS ROW Address: Address: City-St-Zip: PALM BEACH, FL FL City-St-Zip: Title: () Delete Title: () Change () Addition BLONDER, ERWIN H Name: Name: Address: 1050 PALM BAY DRIVE Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: (X) Change () Addition PLATZNER, HERB PLATZNER, HERB Name: Name: 6949 FOUNTAINS CIRCLE Address: 6949 FOUNTAINS CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: () Change () Addition Name: GOLDBLUM, NORMAN Name: Address: 109 EVERGLADES AVE Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition MYERS, KEITH FARBER, JEFFREY Name: Name: 4847 FRED GLADSTONE DRIVE 2570 HAMPTON BRIDGE RD. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: DELRAY BEACH, FL 33445 () Change (X) Addition Title: () Delete Title: FALK FLIEN Name: Name: Address: Address: 113 WINDWARD DR. PALM BEACH GARDENS, FL 33418 City-St-Zip: 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: ALAN D. SADOWSKY MR. 03/16/2009