
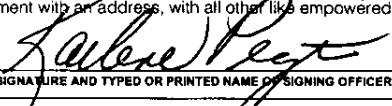


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 042 \*\*\*\*70.00

<b>DOCUMENT # N28414</b> 1. Entity Name <b>ALLIANCE FOR AGING, INC.</b>					
Principal Place of Business <b>9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156</b>			Mailing Address <b>9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0101947</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEISBERG, STEVEN 9500 SOUTH DADELAND BLVD. SUITE 400 MIAMI, FL 33156</b>			Name <b>PEYTON, KARLENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9500 S. DADELAND BLVD #400</b> City <b>MIAMI, FL</b> Zip Code <b>33156</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBITAILLE, JOHN 10485 SW 78TH STREET MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MAURER, GEORGE 1800 ATLANTIC BLVD #119-C KEY WEST, FL. 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRIN, ROSLYN 9001 SW 56 CT CORAL GABLES, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER POPE, SUZETTE 3425 NW 4 TERRACE MIAMI, FL. 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBERG, STEVEN 9500 S DADELAND BLVD SUITE 400 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACTING PRESIDENT &amp; CEO PEYTON, KARLENE 9500 S. DADELAND BLVD #400 MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNOR, OLGA A 8175 NW 12 ST MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIR COZAD, ROSA 300 S. PARK RD. HOLLYWOOD, FL. 33021</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPkins, RONALD A 500 NW 165TH STREET SUITE 205 MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIR THOMPkins, RONALD 500 NW 165 ST #205 MIAMI, FL. 33169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Date <b>1/23/07</b> Daytime Phone # _____		

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01182007 Chg-NP CR2E037 (12/06)