2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006
Secretary of State

DOCUMENT# N34317

Entity Name: SENIORS FESTIVAL INC.

Current Principal Place of Business:

P O BOX 08424
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 08424
FORT MYERS, FL 33908 US

New Mailing Address:

11701 POINTE CIRCLE DR
FORT MYERS, FL 33908 US

FEI Number: 65-0217722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLAND, SUSAN M
11701 POINTE CIRCLE DR
FT. MYERS, FL 33908 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: PD ( ) Delete
Name: KAYRISH, KITTY
Address: 5817 DRIFTWOOD PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete
Name: HOLLAND, SUSAN
Address: P O BOX 08424 N/A
City-St-Zip: FT MYERS, FL

Title: D ( ) Delete
Name: AMBROSE, PATRICIA
Address: 5817 DRIFTWOOD PKWY
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HOLLAND, SUSAN
Address: 5817 DRIFTWOOD PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUSAN M HOLLAND TD 08/18/2006

Electronic Signature of Signing Officer or Director — Date