2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N96000003771

Entity Name: PRIME TIME SENIORS, INC.

Current Principal Place of Business:

565 NORTH SHORE DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

565 NORTH SHORE DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0690724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERTZ, JACQUELINE S
565 NORTH SHORE DRIVE
MIAMI BEACH, FL 33141 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: HERTZ, JACQUELINE S
Address: 565 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: ADLER, TERRY
Address: 480 NORTH PARKWAY
City-St-Zip: GOLDEN BEACH, FL 33160

Title: D ( ) Delete
Name: WAKS, DEBORAH
Address: 7103 SW 102ND AVENUE, SUITE A
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: BRYN, KRISTINA
Address: 9120 WEST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR, FL 33154

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:

Title: D (X) Change ( ) Addition
Name: SPRANKLE, LYDIA
Address: 255 ALHAMBRA CIRCLE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: JACQUELINE S. HERTZ PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date