


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90043 014 \*\*\*\*70.00

<b>DOCUMENT # N96000005038</b>	
1. Entity Name	
SENIORNET, INC.	

Principal Place of Business	Mailing Address
2285 FIRST STREET FT. MYERS FL 33901	2285 FIRST STREET FT. MYERS FL 33901



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

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1854441</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
WADE, LEIGH 2285 FIRST STREET FT. MYERS FL 33901		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, GINGER	NAME	JOHNSON, Robert
STREET ADDRESS	241 SE 20TH CT	STREET ADDRESS	14517 Aeries Way Drive
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, LEIGH	NAME	
STREET ADDRESS	2285 FIRST STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLENBECK, KAREN	NAME	HALLENBECK, Karen
STREET ADDRESS	23201 HEMENWAY AVE	STREET ADDRESS	23201 Hemenway Avenue
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	CITY-ST-ZIP	Punta Gorda, FL 33983
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, JOHN	NAME	
STREET ADDRESS	2875 PALM BEACH BOULEVARD C-601	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLERT, HELEN	NAME	MANNING, Naomi
STREET ADDRESS	5573 BURNING CT	STREET ADDRESS	3283 Elkcam Boulevard
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	Port Charlotte, FL 33983
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYBROUGH, ROSEMARY	NAME	
STREET ADDRESS	1730 STARLING DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

John Koehler, President 2/2/07 239 332-4233