2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT# N9800006690

6681 FAIRVIEW STREET

FORT MYERS, FL 33912

Address:

City-St-Zip:

FILED Jun 05, 2006 Secretary of State

DOCOM	IEN I# N98000006690		Secretary of State	
Entity Nar	ne: ELDERLY CHECK, INC.			
Current P	rincipal Place of Business:	New Principal Pla	ace of Business:	
	NKETT STREET OOD, FL 33020 US			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	NKETT STREET OOD, FL 33020 US			
FEI Number: 65-0872144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent:				
2634 PLUN HOLLYWC	LL, CLEMENTINA NKETT STREET OOD, FL 33020 US			
in the State	named entity submits this statement for the purpose of Florida.	ose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PVTD () Delete CARSWELL, CLEMENTINA 2634 PLUNKETT STREET HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete ABEL, VIRGINIA 4320 SW 24TH STREET HOLLYWOOD, FL 33023	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete LEWIS. GLORIA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CLEMENTINA CARSWELL P 06/05/2006