


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90003 007 ***150.00

DOCUMENT # P00000024181	
1. Entity Name ELDER BONDING NETWORK, P.A	

DO NOT WRITE IN THIS SPACE

400000J44

2. Principal Place of Business 7041 CATANIA DR.	3. Mailing Address P.O. BOX 740446
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL
Zip 33437	Country PALM BEACH
Zip 33474	Country PALM BEACH

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1022684		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name KALINA, BERNARD F		
Street Address (P.O. Box Number is Not Acceptable) 7041 CATANIA DR.			
City BOYNTON BEACH FL Zip Code 33437			

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 *Bernard F. Kalina* DATE 6-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D KALINA, BERNARD F. 7041 CATANIA DR BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T S D KALINA CLARICE L 7041 CATANIA DR BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CLARICE L. KALINA

SIGNATURE: *Clarice L. Kalina* DATE 6-13-05 561-740-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

40088544 ATTACHMENT # P00000024181

ELDER BONDING NETWORK, P.A.

P.O. Box 740446 ♦ Boynton Beach, FL 33474

~~561-797-0480 ♦ Toll Free: 877-337-0480 ♦ Fax: 561-740-9861~~

TELEPHONE: 561-740-9860

To Whom It May Concern:

We did not receive notice to file UBR before May 1st. Therefore I am requesting a waiver of the late fee.

Please put our name and address on your mailing list.

Enclosed find check in the amount of \$150.-

Thank you

Sincerely

Clarice L. Koliva