

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000016935 1. Entity Name DIGNIFIED AGING, INC.	
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Principal Place of Business PO BOX 14754 CLEARWATER, FL 33761	Mailing Address PO BOX 14754 CLEARWATER, FL 33761
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04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3739696	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GAGNON, DONNA 2712 SAND HOLLOW CT CLEARWATER, FL 33766
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**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

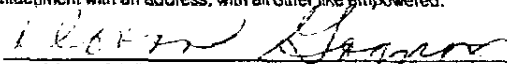
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GAGNON, DONNA PO BOX 14754 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, DONNA PO BOX 14754 CLEARWATER, FL 33761
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05/13/06-80100-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-30-06 **727**
Date Daytime Phone # **7916726**