2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 4

Apr 07, 2005 8:00 am Secretary of State DOCUMENT # P01000036126 04-07-2005 90086 001 *1,050.00 1. Entity Name SENIOR MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business 13777 BELCHER RD 13777 BELCHER RD LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02142005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3748059 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOCKOL, DAVID J ESQ LOMBARDI, RITA A Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD S. 111 2ND AVE. NE, PLAZA TOWER, SUITE 1401 SAINT PETERSBURG, FL 33701 Zip Code 33771 City LARGO 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 RITA A. LOMBARDI ombacde 3/29/2005 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Defete ☐ Change ■ Addition TITLE TITLE LOMBARDI, RITA A NAME NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 TITLE DPT Delete TITLE ☐ Change Addition PIAZZA SR, JOHN J NAME 13777 BELCHER RD STREET ADDRESS STREET ADDRESS LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DVP Delete TITLE PIAZZA, ROSEMARY É NAME NAME 13777 BELCHER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 Addition Delete TITI F ☐ Change LENTINI, VINCENT J NAME NAME STREET ADDRESS 13777 BELCHER RD. SOUTH STREET ADDRESS LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

HITA A LOMBARDI
RINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/29/2005