2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# P01000060525

Entity Name: FINANCIAL SERVICES FOR SENIORS, INC.

Current Principal Place of Business:

8695 COLLEGE PKWY., STE. 237
FT. MYERS, FL 33919

New Principal Place of Business:

8695 COLLEGE PKWY., STE. 331
FT. MYERS, FL 33919

Current Mailing Address:

8695 COLLEGE PKWY., STE. 237
FT. MYERS, FL 33919

New Mailing Address:

8695 COLLEGE PKWY., STE. 331
FT. MYERS, FL 33919

FEI Number: 65-1118402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASCIOTTA, PETER
8695 COLLEGE PKWY., STE. 237
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

CASCIOTTA, PETER
8695 COLLEGE PKWY., STE. 331
FT. MYERS, FL 33919 US

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.

SIGNATURE: PETER CASCIOTTA 07/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CASCIOTTA, PETER
Address: 8695 COLLEGE PKWY., STE. 237
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CASCIOTTA, PETER
Address: 8695 COLLEGE PKWY., STE. 331
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CASCIOTTA PRES 07/19/2005
Electronic Signature of Signing Officer or Director Date