

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90973 033 \*\*\*150.00

<b>DOCUMENT # P01000084480</b> 1. Entity Name <b>TODAYS SENIORS OF FLORIDA, INC.</b>																											
Principal Place of Business <b>2500 QUAMUM LAKES DR 203 BOYNTON BEACH, FL 33426</b>		Mailing Address <b>7158 TREVISIO LANE BOYNTON BEACH, FL 33437</b>																									
2. Principal Place of Business <b>2500 QUAMUM LAKES DR</b>		3. Mailing Address <b>2500 QUAMUM LAKES DR</b>																									
Suite, Apt. #, etc. <b>203</b>		Suite, Apt. #, etc. <b>203</b>																									
City & State <b>BOYNTON BEACH FL</b>		City & State <b>BOYNTON BEACH FL</b>																									
Zip <b>33426</b>		Zip <b>33426</b>																									
Country <b>FLA BEACH</b>		Country <b>FLA BEACH</b>																									
6. Name and Address of Current Registered Agent  <b>SHENKMAN, BENJAMIN P ESQ. 2500 QUAMUM LAKES DRIVE, SUITE 203 BOYNTON BEACH, FL 33426</b>		7. Name and Address of New Registered Agent Name <b>SHENKMAN, BENJAMIN P ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 WEST ATLANTIC AVE</b> <b>SECOND FLOOR</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33445</b>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;">           TITLE  <b>D</b>            NAME  <b>FRIEDER, HAROLD I</b>            STREET ADDRESS  <b>7158 TREVISIO LANE</b>            CITY-ST-ZIP  <b>BOYNTON BEACH, FL 33437</b> </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE              NAME              STREET ADDRESS              CITY-ST-ZIP  </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE <b>D</b> NAME <b>FRIEDER, HAROLD I</b> STREET ADDRESS <b>7158 TREVISIO LANE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <b>4/27/2005</b> <b>561 853-2218</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											