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May 04, 2007 8:00 am
Secretary of State

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04/26/2007 11:58 904-396-8076 ANSBACHER

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66013271

DOCUMENT # P02000026798

1. Entity Name
ELDERLINK, INC.

Principal Place of Business
4492 SOUTHSIDE BLVD., STE. 202
JACKSONVILLE, FL 32216

Mailing Address
~~C/O BARRY D. ANSBACHER, P.A.~~
1301 ~~RIVERPLACE BLVD., STE. 2450~~
JACKSONVILLE, FL 32207-9047

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

2. Principal Place of Business - No P.O. Box #
~~7865 Southside Blvd.~~
Suite, Apt. #, etc.
Suite 1
City & State
Jacksonville, FL
Zip
32256
Country

Chg-P CR2E034 (12/06)

FEI
5852

Applied For
Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANSBACHER & MCKEEL, P.A.
1301 ~~RIVERPLACE BLVD., STE. 2450~~
~~JACKSONVILLE, FL 32207-9047~~

7. Name and Address of New Registered Agent
Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIEL, GARDNER 4492 SOUTHSIDE BLVD., STE. 202 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7865 Southside Blvd. Suite 1 Jacksonville FL 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: D Gardner Riel 4/22/07 904-998-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

p.2 904-212-0096 Elderlink, Inc. Apr 26 07 01:02p