2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Making Address AMSEACHER & MCKEEL, PA 8818 GOODBYS EXCUTIVE DRIVE JACKSONVILLE, FL 32255 MASING Address AMSEACHER & MCKEEL, PA 8818 GOODBYS EXCUTIVE DRIVE JACKSONVILLE, FL 32217 ANSBACHER & MCKEEL, PA 8818 GOODBYS EXCUTIVE DRIVE JACKSONVILLE, FL 32217 ANSBACHER & MCKEEL, PA 8818 GOODBYS EXCUTIVE DRIVE JACKSONVILLE, FL 32217 ANSBACHER & MCKEEL, PA 8818 GOODBYS EXCUTIVE DRIVE JACKSONVILLE, FL 32217 B. The above named antity submits this statement for the purcose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Signature The Address of County Signature Agent agent agent are represented agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilgoditions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the children and the state of Florida. I am familiar with, and accept the children and the state of Florida. I am familiar with, and accept the children and the state of Florida. I am familiar with and accept the children and the state of Florida. I am familiar with and accept the children and the state of Florida. I am familiar with and accept the children and the state of Florida. I am familiar with and accept the children and the state of Florida. I	DOCUMENT # P02000026798 1. Entity Name ELDERLINK, INC.							04-28-200	8 90707 (001 *3,00	00.00	
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Zip Country Zip Country Sign Country Country Country Country S. Certificate of Status Desired Sea.75 Additional Registered Agent 7. Name and Address of New Registered Agent 4. Name ANSBACHER & MCKEEL, PA SUBJECTIVE DRIVE JACKSONVILLE, FL 32217 Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code 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 or order reasonable of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or order reasonable of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102008	Chg-P	CR2E0	34 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam itemiliar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam itemiliar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam itemiliar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam itemiliar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam itemiliar with, and accept the obligations of registered agent. 9. Election Campaign Financing	City & State		City & State			I				- 		
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ACKSONVILLE, FL 32217 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and site if aboveable. (MOTE Registered Agent signature required when remailing) After May 1, 2008 Fee will be \$550.00 After	ANSBACHER & MCKEEL, P.A.											
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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:

S. Gardner Riel

3/15/08 904-998 0466
Daytime Phone *