2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117172

City-St-Zip:

COCONUT CREEK, FL 33063 US

Entity Name: CENTURY SENIOR DIRECT, INC.

FILED May 01, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	T CYPRESS	CREEK RD			
SUITE A10 FORT LAU	16 IDERDALE, F	L 33309 US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
4875 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 US			SUITE A106	2700 WEST CYPRESS CREEK RD SUITE A106 FORT LAUDERDALE, FL 33309 US	
FEI Number:	13-4220098	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SUITE 200	H UNIVERSI				
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WATON, SCO 2700 WEST C) Delete TT YPRESS CREEK RD, SUITE A100 RDALE, FL 33309 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WATON, CRAI 2700 WEST C) Delete G YPRESS CREEK RD, SUITE 19106 RDALE, FL 33306 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MARFOE, JOH	() Delete IN JT CREEK PARKWAY	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SCOTT WATON DP 05/01/2008