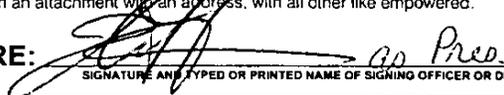


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90307 004 ***150.00

DOCUMENT # P04000015397						
1. Entity Name AMERICAN SENIORS FINANCIAL CORP.						
Principal Place of Business 2935 SE 58TH AVE, # 2 OCALA, FL 34471		Mailing Address P O BOX 1060 OCALA, FL 34478		<p style="font-size: 24pt; text-align: center;">50012047</p> 		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02282006	Chg-P	CR2E034 (11/05)
4. FEI Number 76-0755418				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAZZURCO, VINCENT S 2935 SE 58TH AVE, # 2 OCALA, FL 34471				7. Name and Address of New Registered Agent		
Name				Name		
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)		
City				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.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMALDONE, JOHN A	NAME				
STREET ADDRESS	1165 SUMMERFIELD DR	STREET ADDRESS				
CITY-ST-ZIP	MARYVILLE, TN 37801	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAZZURCO, VINCENT S	NAME				
STREET ADDRESS	P O BOX 5669	STREET ADDRESS				
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAZZURCO, SUEANNE	NAME				
STREET ADDRESS	P O BOX 5669	STREET ADDRESS				
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		NAME	D Andrew S. Mazzurco			
STREET ADDRESS		STREET ADDRESS	P.O. Box 189			
CITY-ST-ZIP		CITY-ST-ZIP	Ocala, FL 34478			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
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: 			4/5/06		(392) 624-2100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # K210	