2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P04000112077

Entity Name: SENIOR AMERICAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

1900 S. HARBOR CITY BLVD.
SUITE 122
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1900 S. HARBOR CITY BLVD.
SUITE 122
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 73-1713184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, LINDA J
1900 S. HARBOR CITY BLVD.
SUITE 335
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MAYNARD, LINDA J
1900 S. HARBOR CITY BLVD.
SUITE122
MELBOURNE, FL 32901 US

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.

SIGNATURE: LINDA J. MAYNARD 04/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD. SUITE #335
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP ( ) Delete
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD., SUITE 335
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD. SUITE #122
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP (X) Change ( ) Addition
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD., SUITE 122
City-St-Zip: MELBOURNE, FL 32901

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

SIGNATURE: LINDA J. MAYNARD P 04/10/2007
Electronic Signature of Signing Officer or Director Date