

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112077

FILED
May 05, 2008
Secretary of State

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:

1900 S. HARBOR CITY BLVD.
SUITE 115
MELBOURNE, FL 32901 US

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 122
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MAYNARD, LINDA J
1900 S. HARBOR CITY BLVD.
SUITE 115
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

05/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD., SUITE 122
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#115
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP (X) Change () Addition
Name: MAYNARD, LINDA J
Address: 1900 S. HARBOR CITY BLVD., SUITE 115
City-St-Zip: MELBOURNE, FL 32901

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.

SIGNATURE: LINDA J. MAYNARD

PRES

05/05/2008

Electronic Signature of Signing Officer or Director

Date