


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 033 ***150.00

DOCUMENT # P05000127947	
1. Entity Name SENIOR DIABETIC OUTREACH PROGRAM INC.	

Principal Place of Business 3111 N. OCEAN DRIVE PENTHOUSE 1609 HOLLYWOOD, FL 33019	Mailing Address 3111 N. OCEAN DRIVE PENTHOUSE 1609 HOLLYWOOD, FL 33019
--	--

4000130W

2. Principal Place of Business 1912 S. Ocean Drive	3. Mailing Address 1912 S. Ocean Drive
Suite, Apt. #, etc. 10B	Suite, Apt. #, etc. 10B
City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH, FL
Zip 33009	Country Broward



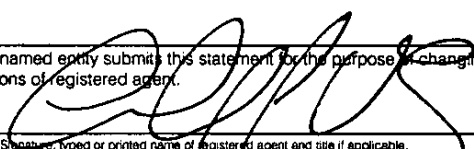
04302006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1531848	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

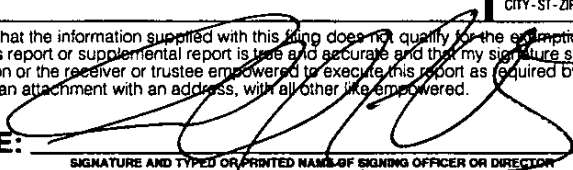
6. Name and Address of Current Registered Agent RESNICK, ROBERT B 301 CRAWFORD BLVD, SUITE 202 BOCA RATON, FL 33432	
---	--

7. Name and Address of New Registered Agent	
Name Edward L. Volz	
Street Address (P.O. Box Number is Not Acceptable) 1912 S. Ocean Drive	
SUITE 10B	
City HALLANDALE BEACH FL	Zip Code 33009

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 	DATE 4/28/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOLZ, EDWARD L		NAME VOLZ, EDWARD L	
STREET ADDRESS 3111 N. OCEAN DRIVE, PENTHOUSE 1609		STREET ADDRESS 1912 S. OCEAN DRIVE, SUITE 10B	
CITY-ST-ZIP HOLLYWOOD, FL 33019		CITY-ST-ZIP HALLANDALE BEACH, FL 33009	
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 	
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 exceptions 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: 	DATE 4/28/06 DAYTIME PHONE # 561-870-7727