# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 19, 2006**
**Secretary of State**

DOCUMENT# P05000153904

**Entity Name:** HEALTHFUL AGING CENTERS OF THE AMERICAS, INC.

**Current Principal Place of Business:**

275 N SWINTON AVE
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

961 IRIS DRIVE
DELRAY BEACH, FL 33483

**Current Mailing Address:**

275 N SWINTON AVE
DELRAY BEACH, FL 33444

**New Mailing Address:**

961 IRIS DRIVE
DELRAY BEACH, FL 33483

**FEI Number: 20-3825809** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOECKESCH, GUENTHER
275 N SWINTON AVE
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

MOECKESCH, GUENTHER
961 IRIS DRIVE
DELRAY BEACH, FL 33483 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: GUENTER MOECKESCH 05/19/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MOEKESCH, GUENTHER
Address: 275 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: MOEKESCH, GUENTHER
Address: 961 IRIS DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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: GUENTER MOECKESCH D 05/19/2006
Electronic Signature of Signing Officer or Director Date