2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167985

City-St-Zip:

VERO BEACH, FL 32960 US

FILED Jan 18, 2008 Secretary of State

Entity Nan	ne: SENIORS	FINANCIAL INTERNATIONAL,	, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2001 9TH A SUITE 114 VERO BEA	AVE. .CH, FL 32960) US			
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
2001 9TH A SUITE 114 VERO BEA	NVE. .CH, FL 32960) US			
FEI Number:	20-4005112	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STORFER, MITCHELL 578 CROSS CREEK CIRCLE SEBASTIAN, FL 32958 US				STORFER, MITCHELL 2001 9TH AVE., SUITE 114 VERO BEACH, FL 32960 US	
The above in the State		submits this statement for the pu	irpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MITCHELL STORFER				01/18/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST () STORFER, MITO 578 CROSS CR SEBASTIAN, FL	EEK CIRCLE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () STORFER, MITO 578 CROSS CR SEBASTIAN, FL	EEK CIRCLE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	VP () STORFER, KIM 2001 9TH AVE.	Delete BERLY	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: KIMBERLY STORFER VP 01/18/2008