## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000120368

City-St-Zip:

COCOA, FL 32926 US

Entity Name: ALL ONE FAMILY SENIOR DAY PROGRAM INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
1540 S OAKS DR MERRITT ISLAND, FL 32952 US			US		585 N COURTENAY PKWY #101 MERRITT ISLAND, FL 32953 US	
	,			,		
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
1540 S OA MERRITT	AKS DR ISLAND, FL	32952	US			
FEI Number	: 20-5563906	FEI	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
CROCKER-DRYDEN, DIANA						
1540 S OAKS DR MERRITT ISLAND, FL 32952 US						
IVILKKIII	ISLAND, I L	. 32332	03			
	e of Florida.	ity submit	s this statement for the	e purpose of changing its register	ed office or registered agent, or both,	
Electronic Signature of Registered Agent				gent	Date	
Election Ca	mpaign Finan	cing Trust	Fund Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	Р	( ) Delete		Title:	( ) Change ( ) Addition	
Name:	ss: 1540 S OAKS DR		Name:			
Address:			Address:			
City-St-Zip: MERRITT ISLAND, FL 32952 US			32952 US	City-St-Zip:		
Title:	me: DRYDEN, GÙY W JR			Title:	() Change () Addition	
Name:				Name:		
Address: 1540 S OAKS DR				Address:		
City-St-Zip:	MERRITT IS	SLAND, FL	32952 US	City-St-Zip:		
Title:	ADM	( ) Delete		Title:	( ) Change ( ) Addition	
Name: LICAVOLI, STEPHANIE				Name:		
Address: 306 WOODS LAKE DR				Address:		

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.

City-St-Zip:

SIGNATURE: DIANA CROCKER-DRYDEN P 04/23/2007