

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 012 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120368 1. Entity Name ALL ONE FAMILY SENIOR DAY PROGRAM INC.					
Principal Place of Business 585 N COURTENAY PKWY #101 MERRITT ISLAND, FL 32953 US			Mailing Address 1540 S OAKS DR MERRITT ISLAND, FL 32952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5563906	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROCKER-DRYDEN, DIANA 1540 S OAKS DR MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Stephanie Licavoli Street Address (P.O. Box Number is Not Acceptable) 585 N. Courtenay Pkwy #101 City Merritt Island FL 32953		
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 <u><i>S. Licavoli</i></u> DATE <u>04/25/08</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P CROCKER-DRYDEN, DIANA 1540 S OAKS DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR DRYDEN, GUY W JR 1540 S OAKS DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM LICAVOLI, STEPHANIE 306 WOODS LAKE DR COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Licavoli, Stephanie 585 N. Courtenay Pkwy #101 Merritt Island, FL 32953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <u><i>S. Licavoli</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/25/08</u> <u>321-453-6577</u> <small>Date Daytime Phone #</small>			