

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049681

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** SENIORS UNIQUE NEEDS SUNSATIONAL CONSULTING, INC.

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD  
#1428  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

5999 HERON POND DR  
PORT ORANGE, FL 32128 US

**Current Mailing Address:**

5889 S WILLIAMSON BLVD  
#1428  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

2121 OAK SPRINGS DR  
CORDOVA, TN 38016 US

**FEI Number:** 20-8907100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST #500  
ORLANDO, FL 32804 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS D ( ) Delete  
Name: MIDDLETON, DEE  
Address: 5889 S WILLIAMSON BLVD #1428  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VT D ( ) Delete  
Name: PIANTEDOSI, CHERYL  
Address: 361 N FERNWAY  
City-St-Zip: MEMPHIS, TN 38117 US

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

Title: PS D (X) Change ( ) Addition  
Name: MIDDLETON, DEE  
Address: 2121 OAK SPRINGS DR  
City-St-Zip: CORDOVA, TN 38016 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DEE ANN MIDDLETON

PRES

03/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date