

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113733

FILED
Apr 21, 2008
Secretary of State

Entity Name: AMERICAN ADVANCED RETIREMENT PROGRAMS, INC

Current Principal Place of Business:

292 E. CONSTANCE RD
DEBARY, FL 32713

New Principal Place of Business:

595 N. NOVA ROAD
STE.109C
ORMOND BEACH, FL 32174

Current Mailing Address:

292 E. CONSTANCE RD
DEBARY, FL 32713

New Mailing Address:

595 N. NOVA ROAD
STE.109C
ORMOND BEACH, FL 32174

FEI Number: 26-1281865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLAND, CHARLES A
292 E. CONSTANCE RD
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

HENTZEL, JAMES P
7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174 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: JAMES P. HENTZEL

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWLAND, CHARLES A
Address: 292 E. CONSTANCE RD
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: HENTZEL, JAMES P
Address: 595 N. NOVA RD., STE 109 C&D
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWLAND, JANET A
Address: 292 E. CONSTANCE RD
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: HENTZEL, JAMES P
Address: 595 N. NOVA RD., STE 109 C&D
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES P HENTZEL

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date