


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 013 ***150.00

DOCUMENT # P93000073811 1. Entity Name AGING WILD GUYS, INC.					
Principal Place of Business 8211 WEST BROWARD BLVD. PH-4 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD. PH-4 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 777 S. State Road 7 Suite, Apt. #, etc.		3. Mailing Address 777 S. State Road 7 Suite, Apt. #, etc.			
City & State Margate, FL		City & State Margate, FL		4. FEI Number 65-0455502	
Zip 33068		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN, ROBERT M ESQ. 8211 WEST BROWARD BLVD. PH-4 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Kahn, Robert M. Esq. Street Address (P.O. Box Number is Not Acceptable) 777 S. State Road 7 City Margate FL Zip Code 33068		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSTD KAHN, ROBERT M <input type="checkbox"/> Delete C/O 8211 W. BROWARD BLVD. PH-4 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kahn, Robert M. 777 S. State Road 7 Margate, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KAHN, ANDREA P C/O 8211 WEST BROWARD BLVD., PH-4 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kahn, Andrea P. 777 S. State Road 7 Margate, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Robert M. Kahn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 19, 2007</i> Daytime Phone # <i>954-969-3905</i>		