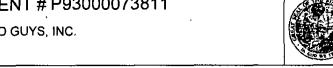
2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000073811 1. Entity Name AGING WILD GUYS, INC.

FILED Apr 18, 2008 08:00 A Secretary of State



Principal Place of Business

777 S. STATE ROAD 7 MARGATE, FL 33068

Mailing Address

777 S. STATE ROAD 7 MARGATE, FL 33068



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04102008 No Chq-P

4. FEI Number 65-0455502 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

KAHN, ROBERT M ESQ. 777 S. STATE ROAD 7 MARGATE, FL 33068

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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.
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(NOTE, Registered Agent signature required when reinstaling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000906964 05/05/08-80019-012 150.00

OFFICERS AND DIRECTORS 10. PSTD TITLE KAHN, ROBERT M NAME 777 S. STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 VP TITLE KAHN, ANDREA P NAME STREET ADDRESS 777 S. STATE ROAD 7 CITY-ST-ZIP MARGATE, FL 33068 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

Daytima Phona #