## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2006 08:00 AM **Secretary of State** DOCUMENT # P96000092195 SENIOR SOLUTIONS, INCORPORATED Principal Place of Business Malling Address 6095 OXBON BEND LANE **6095 OXBOW BEND LANE** PORT ORANGE, FL 32128 PORT ORANGE, FL 32128 CR2E034 (11/05) 02092006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 59-3415031 Not Applicable \$8.75 Additional 5. Certificate of Status Desited 6. Name and Address of Current Registered Agent ROBERSON, STEPHANIE L DO NOT WRITE 6095 OXBOW BEND LANE IN THIS SPACE PORT ORANGE, FL 32128 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 DATE Signature, typed or printed name of registered agent and the fill applicable (NOTE Registered Agent signature required when selectating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **VPTS** TITLE ROBERSON, STEPHANIE NAME 6095 OXBOW BEND LANE STREET ADDRESS PORT ORANGE, FL 32128 CITY-ST-ZIP TITLE ROBERSON, WILLIAM M 6095 OXBOW BEND LANE STREET ADDRESS PORT ORANGE, FL 32128 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADURESS C31Y-S3-79P MAKE .000000452052 08/21/06-80019-022 150.10 STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied wifit 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 reverser of number execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1106 386-254-050

FILED

Daytime Phone #