
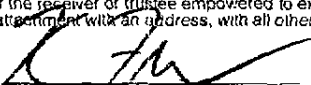


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012963		
1. Entity Name COLLINGSWOOD ELDERLY, INC.		
Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE
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 reappointing) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		UN00000445605 03/07/06-80053-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FLYNN, THOMAS F 516 LAKEVIEW RD UNIT 8 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLYNN, KEVIN T 516 LAKEVIEW RD #8 CLEARWATER, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kevin T. Flynn, Vice President 2/20/06 727-449-1182 Date Daytime Phone