

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000098715

**Entity Name:** AGING ALLIES FINANCIAL GROUP, INC.

**FILED**  
**Feb 13, 2026**  
**Secretary of State**  
**7533571675CC**

**Current Principal Place of Business:**

1926 10TH AVE. NORTH  
SUITE 107  
LAKE WORTH BEACH, FL 33461

**Current Mailing Address:**

1926 10TH AVE. NORTH  
SUITE 107  
LAKE WORTH BEACH, FL 33461 US

**FEI Number: 35-2626419**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALZHEIMER'S GUARDIANS, LLC  
1926 10TH AVE. NORTH  
SUITE 107  
LAKE WORTH BEACH, FL 33461 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            STARR, DON  
Address        1926 10TH AVE. NORTH  
                  SUITE 107  
City-State-Zip: LAKE WORTH BEACH FL 33461

Title            VP  
Name            BROWN, CYNTHIA A  
Address        1926 10TH AVE. NORTH  
                  SUITE 107  
City-State-Zip: LAKE WORTH BEACH FL 33461

*I hereby 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 all other like empowered.*

**SIGNATURE: CYNTHIA BROWN**

**VP**

**02/13/2026**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date