

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007267

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: AMERICA'S HEALTH CARE CONSUMER ASSOCIATION, INC.

**Current Principal Place of Business:**

4929 WEST ROYAL LANE  
SECOND FLOOR  
IRVING, TX 75063

**New Principal Place of Business:**

**Current Mailing Address:**

4929 WEST ROYAL LANE  
SECOND FLOOR  
IRVING, TX 75063

**New Mailing Address:**

FEI Number: 43-1942355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: LAWLER, WAYNE D JR.  
Address: 300 NORTH COIT ROAD, SUITE 350  
City-St-Zip: RICHARDSON, TX 75080

Title: SVC ( ) Delete  
Name: KATOSIC, GEORGE R  
Address: 300 NORTH COIT ROAD, SUITE 350  
City-St-Zip: RICHARDSON, TX 75080

Title: VT ( ) Delete  
Name: NORED, ANNE M  
Address: 1116 DEERCROSS LANE  
City-St-Zip: WAXHAW, NC 28173

Title: VP ( ) Delete  
Name: MURPHY, BENJAMIN  
Address: 858 W. ARMITAGE, #414  
City-St-Zip: CHICAGO, IL 60614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENJAMIN MURPHY

VP

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date