2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

Entity Name: HEALTH NETWORK AMERICA, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	STRIAL WAY Y DWN, NJ 0772				
Current Mailing Address:			New Mailing Address:		
	STRIAL WAS Y DWN, NJ 0772				
FEI Number	r: 22-312019 9	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
239 E. VIF	i, W. BRADLE` RGINIA ST. SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KARDOS, STE	AL WAY WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINI, DAV	IAL WAY WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COOPERSTEI) Delete N, ROSEMARY AL WAY WEST NJ 07724	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID MARTINI V 01/17/2005