

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005328

Entity Name: GIRLING HEALTH CARE, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

3307 NORTHLAND SUITE 430
AUSTIN, TX 78731

New Principal Place of Business:

Current Mailing Address:

PO BOX 4294
AUSTIN, TX 78765

New Mailing Address:

FEI Number: 74-2115034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, SHERI
11735 HOYT AVE
TAMPA, FL 33617 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: CEO () Delete
Name: LITTLE, LEW JR
Address: 8701 N. MOPAC EXPRSSWY SUITE 410
City-St-Zip: AUSTIN, TX 78759

Title: CFO () Delete
Name: WOOD, STEVE
Address: 8701 N. MOPAC EXPRSSWY SUITE 410
City-St-Zip: AUSTIN, TX 78759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: ELLYSON, SCOTT
Address: 8701 N. MOPAC EXPRSSWY SUITE 410
City-St-Zip: AUSTIN, TX 78759

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: SCOTT ELLYSON

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

Date