2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004844

Entity Name: EHEALTHINSURANCE SERVICES, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	DLEFIELD RI N VIEW, CA					
Current Mailing Address:			New Maili	New Mailing Address:		
	DLEFIELD RI N VIEW, CA					
FEI Number:	: 77-0470789	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1203 GOV SUITE 101 TALLAHAS The above	ERNOR'S SC SSEE, FL 323	301 US	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS	S AND DIREC	CTORS:	ADDITION	IS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAUER, GARY 440 E MIDDLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HURLEY, ROE	ATION PLACE, STE100	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TELKAMP, BR 440 E MIDDLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HUIZINGA, ST 440 E MIDDLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PATEL, VIPOC 440 E MIDDLE		Title: Name: Address: City-St-Zip:	D LACOB, JOS 2750 SAND MENLO PAF		
Title: Name: Address: City-St-Zip:	GOLDBERG, I	IDE RD, SUITE 400	Title: Name: Address: City-St-Zip:	3000 SAND	(X) Change () Addition 6, MICHAEL D HILL ROAD, BLDG. 3, SUITE 290 RK, CA 94025	

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART M. HUIZINGA CFO 04/23/2007