2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# F04000005726

Entity Name: AMERICAN HEALTHTECH, INC.

Current Principal Place of Business:

460 BRIARWOOD DR., SUITE 210
JACKSON, MS 39206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12310
JACKSON, MS 39236

New Mailing Address:

FEI Number: 64-0668780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES ( ) Delete
Name: CALDWELL, WILLIAM
Address: 460 BRIARWOOD DR., SUITE 210
City-St-Zip: JACKSON, MS 39206

Title: V ( ) Delete
Name: FORSTER, KURT
Address: 460 BRIARWOOD DR., SUITE 210
City-St-Zip: JACKSON, MS 39206

Title: VP ( ) Delete
Name: MADISON, NELWYN
Address: 460 BRIARWOOD DRIVE, SUITE 210
City-St-Zip: JACKSON, MS 39206

Title: VP ( ) Delete
Name: MORGAN, MIKE
Address: 460 BRIARWOOD DRIVE, SUITE 210
City-St-Zip: JACKSON, MS 39206

Title: VP ( ) Delete
Name: CHASE, FRANK
Address: 460 BRIARWOOD DRIVE
City-St-Zip: JACKSON, MS 39206

Title: VP ( ) Delete
Name: CHASE, TERESA
Address: 460 BRIARWOOD DRIVE, SUITE 210
City-St-Zip: JACKSON, MS 39206

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: VP (X) Change ( ) Addition
Name: HAMMOND, JOHN P
Address: 460 BRIARWOOD DRIVE, SUITE 210
City-St-Zip: JACKSON, MS 39206

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 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: JOHN P HAMMOND VP 04/26/2007

Electronic Signature of Signing Officer or Director — Date