2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F04'00006764 1. Entity Name PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.					·	06			25	
Principal Place of Business 13200 CROSSROADS PARKWAY NORTH, SUITE 135 CITY OF INDUSTRY, CA 91746 Mailing Address 13200 CROSSROADS PARKWAY NOI CITY OF INDUSTRY, CA 91746				UITE 135			. 2011 0711 01		E A	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302006	Chg-NP	(CR2E037 (11/0	5)	
City & State		City & State			4. FEI Numbe 95-255				Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status De	esired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of	New Reg	istered Agent		
Name Fili				ilina	s& Sear	ch Ser	vices	. Inc.		
PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE. FL 32303			1574 ^{Aq}	UCC Filings& Search Services, Inc. 1574^ଏଙ୍ଗରିଡି ଅପ୍ୟେଷ୍ଟ ଅପେମ୍ୟେଷଟର, Suite 100						
	3322, 72 32333									
					assee				309	
	named entity submits this statement for	the purpose of changing its r	egistered office or r	registered	d agent, or bo	th, in the Sta	te of Floric	la. I am familiar v	ith, and accept	
the obligations of registered ageny. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE										
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:								
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	Registered Agent aignature	e required wh					e to	
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Indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. ROIL SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

RODNEY L. ALLEN, CFO

562-699-7320 Daytime Phone #

P99e2 J4

PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. dba PHFE MANAGEMENT SOLUTIONS

OFFICERS AND BOARD OF DIRECTORS 2005 - 2006

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RODNEY L. ALLEN, CHIEF FINANCIAL OFFICER 2801 Oboe Circle Hacienda Heights, CA 91745

SUSAN VACKO, VICE PRESIDENT & ASSISTANT SECRETARY 9151 Camellia Court Alta Loma, CA 91737

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OFFICERS AND BOARD OF DIRECTORS 2005- 2006

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PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. dba PHFE MANAGEMENT SOLUTIONS

OFFICERS AND BOARD OF DIRECTORS 2005- 2006

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