

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007260

Entity Name: HGI HEALTHCARE INC.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

16405-G2 NORTHCROSS DRIVE
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16405-G2 NORTHCROSS DRIVE
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: 20-3699228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, ELIZABETH
11906 CLUBHOUSE DRIVE
BRADENTON, FL 34202 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: P () Delete
Name: KILGOUR, GINA
Address: 20617 BETHELWOOD LN
City-St-Zip: CORNEUUS, NC 28031

Title: S () Delete
Name: KILGOUR, ALECK
Address: 20617 BETHELWOOD LN
City-St-Zip: CORNEUUS, NC 28031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALECK KILGOUR

MR

02/06/2006

Electronic Signature of Signing Officer or Director

Date