2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005696

Entity Name: HEALTH RESOURCES, LTD. INCORPORATED

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 457 SAND RIDGE DR
 16041 LA COSTA DRIVE

 VALRICO, FL 335944058
 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

16041 LA COSTA DR 457 SAND RIDGE DRIVE WESTON, FL 333261484 TAMPA, FL 33594

FEI Number: 43-1071404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUTTMILLER, JENNIFER L
457 SAND RIDGE DR
VALRICO, FL 335944058 US
SUTTMILLER, JENNIFER L
457 SAND RIDGE DR
VALRICO, FL 33594 US

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: 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT () Delete Title: CPT (X) Change () Addition Name: HAMMERLE, RONALD L Name: HAMMERLE, RONALD L Address: 457 SAND RIDGE DRIVE

Address: 16041 LA COSTA DR Address: 457 SAND RIDGE DRIVE
City-St-Zip: WESTON, FL 333261484 City-St-Zip: TAMPA, FL 33594

Title: VP () Delete Title: () Change () Addition
Name: SUTTMILLER, JENNIFER L Name:

 Address:
 457 SAND RIDGE DR
 Address:
 Address:
 City-St-Zip:
 VALRICO, FL 335944058
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:HAMMERLE, BARBARA LName:HAMMERLE, BARBARA LAddress:16041 LA COSTA DRAddress:457 SAND RIDGE DRIVECity-St-Zip:WESTON, FL 33326City-St-Zip:TAMPA, FL 33594

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: RONALD L. HAMMERLE CPT 04/23/2007