

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001800

Entity Name: HEALTH TRANS, INC.

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

8323 NW 12TH STREET
109
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1640 PHOENIX BLVD
SUITE 200
COLLEGE PARK, GA 30349 US

New Mailing Address:

FEI Number: 65-0613681

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: RUSSELL, STEVEN
Address: 1640 PHOENIX BLVD.
City-St-Zip: COLLEGE PARK, GA 30349

Title: SECY () Delete
Name: GASTON, CHINTA
Address: 400 EAST JEFFERSON STREET
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: D () Delete
Name: SHERMYEN, JOHN L
Address: 1650 PHOENIX BOULEVARD
City-St-Zip: COLLEGE PARK, GA 30349

Title: D () Delete
Name: HANDY, JOSEPH P
Address: 12000 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: RUSSELL, STEVEN
Address: 1640 PHOENIX BOULEVARD
City-St-Zip: COLLEGE PARK, GA 30349

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASEC () Change (X) Addition
Name: GONZALES, KIRK
Address: 1640 PHOENIX BOULEVARD
City-St-Zip: COLLEGE PARK, GA 30349

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: M. CHINTA GASTON

SEC

01/23/2006

Electronic Signature of Signing Officer or Director

Date