2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# F96000001800

Entity Name: HEALTH TRANS, INC.

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

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:	( ) 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: M. CHINTA GASTON SECY 04/23/2007

Electronic Signature of Signing Officer or Director — Date