2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13259

Entity Name: HEALTH LEDGER SERVICES, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1495 SOUTH VOLUSIA AVENUE SUITE 102

ORANGE CITY, FL 32763 US

Current Mailing Address: New Mailing Address:

1495 SOUTH VOLUSIA AVENUE SUITE 102 ORANGE CITY, FL 32763 US

FEI Number: 59-2678593 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:

COOLIDGE, ROBERT C
1495 SOUTH VOLUSIA AVENUE
SUITE 102
ORANGE CITY, FL 32763 US

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ORANGE CITY, FL 32763 US

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1495 SOUTH VOLUSIA AVENUE
SUITE 102
ORANGE CITY, FL 32763 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: ROBERT C. COOLIDGE 01/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: **PSTD** (X) Change () Addition COOLIDGE, ROBERT COOLIDGE, ROBERT C Name: Name: 1495 SOUTH VOLUSIA AVENUE 1495 SOUTH VOLUSIA AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 US City-St-Zip: ORANGE CITY, FL 32763 US

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: ROBERT C. COOLIDGE PRES 01/04/2007