2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N06000008320

Entity Name: HEALTH EXPRESS, INC.

Current Principal Place of Business:

4344 NW 9TH AVE
#159
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4344 NW 9TH AVE
#159
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBERTSON, JEAN
Address: 4344 NW 9TH AVE, #159
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete
Name: ROBERTSON, JWY-ANZA
Address: 4344 NW 9TH AVE, #159
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete
Name: ROBERTSON, JATA
Address: 4025 WEST NAPOLEAN AVE, #218
City-St-Zip: NEW ORLENAS, LA 70001

Title: VP ( ) Delete
Name: CORBIN, JOYCE DEBORAH
Address: 125 WEST CHESTNUT STREET
City-St-Zip: PONCHATOULA, LA 70434

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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN ROBERTSON P 09/04/2007

Electronic Signature of Signing Officer or Director — Date