2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N99000007631

Entity Name: HEALTH SUPPORT AWARENESS, INC.

Current Principal Place of Business:

2836 FOX SQUIRREL DRIVE
PALM HARBOR, FL 34684

New Principal Place of Business:

34931 U.S.HWY 19 N.
SUITE 116
PALM HARBOR, FL 34684

Current Mailing Address:

2836 FOX SQUIRREL DRIVE
PALM HARBOR, FL 34684

New Mailing Address:

35246 U.S. HWY 19 N.
POB # 262
PALM HARBOR, FL 34684

FEI Number: 59-3616245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUELLER, LOUIS H
2836 FOX SQUIRREL DR.
PALM HARBOR, FL 34684 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: PD ( ) Delete
Name: MUELLER, LOUIS H JR
Address: 2836 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: CRAIG, CHRISTINA M
Address: 2836 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: VTSD ( ) Delete
Name: MUELLER, ESTELLE A
Address: 2836 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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

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

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: DIR ( ) Change (X) Addition
Name: KAPLAN, ROY
Address: 35246 U.S. HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR ( ) Change (X) Addition
Name: SKALSKI, JOSEPH
Address: 35246 U.S. HWY 19 N. #262
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR ( ) Change (X) Addition
Name: RAHILL, PATRICK
Address: 35246 U.S.HWY 19 N. #262
City-St-Zip: PALM HARBOR, FL 34684

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS H. MUELLER DIR 04/12/2006

Electronic Signature of Signing Officer or Director — Date