2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000828

FILED Feb 07, 2007 Secretary of State

Entity Name: HEALTH SOLUTIONS 2001, INC	
Current Principal Place of Business:	New Principal Place of Business:
6175 NW 153RD STREET SUITE 208 MIAMI LAKES, FL 33014	
Current Mailing Address:	New Mailing Address:
6175 NW 153RD STREET SUITE 208 MIAMI LAKES, FL 33014	
FEI Number: 59-3646227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Age	nt: Name and Address of New Registered Agent:
FOWLER, HARRY 1703 WATROUS DRIVE TITUSVILLE, FL 32780 US	
The above named entity submits this statement fo in the State of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registere	ed Agent Date
Election Campaign Financing Trust Fund Contribution ().
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PVST () Delete	Title: P (X) Change () Addition

6175 NW 153RD STREET, SUITE 208 6175 NW 153RD STREET, SUITE 208 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete Title: VΡ () Change (X) Addition

MORENO, MAURO Name: Name:

Address: Address: 6175 NW 153RD STREET, SUITE 208

City-St-Zip: MIAMI, FL 33014 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: MAURO MORENO VΡ 02/07/2007