2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013530

FILED May 01, 2007 Secretary of State

Entity Name: HEALTH GENERATION INC. **Current Principal Place of Business: New Principal Place of Business:** MYAKKA, FL 34251 **Current Mailing Address: New Mailing Address:** 3510 272 ST. E MYAKKA, FL 34251 FEI Number: 65-0981694 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: MCSEATON, DENNIS 3510 272 ST. E. MYAKKA, FL 34251 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCSEATON, DENNIS MCSEATON, DENNIS Name: Name: 3510 272D ST EAST 3510 272 ST EAST Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: MYAKKA CITY, FL 34251 Title: VΡ () Delete Title: () Change () Addition Name: NEUHALFEN, LAURA J Name: 3510 272 ST. E. Address: Address: MYAKKA, FL 34251 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS MCSEATON **PRES** 05/01/2007