

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000028861				
1. Entity Name HEALTH TECH SOLUTIONS, INC.				
Principal Place of Business POST OFFICE BOX 755 OZONA, FL 34660		Mailing Address POST OFFICE BOX 755 OZONA, FL 34660		
DO NOT WRITE IN THIS SPACE				
			01092006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 59-3639549	
			Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOELLNER, TIM 1155 TAMPA ROAD PALM HARBOR, FL 34683			DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)			DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE 1000000417718 02/13/06-80068-011 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZOELLNOR, TIM 1155 TAMPA ROAD PALM HARBOR, FL 34683			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Tim Zoellner</u> President			1-9-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	