

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000028861</b> 1. Entity Name HEALTH TECH SOLUTIONS, INC.	
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Principal Place of Business POST OFFICE BOX 755 OZONA, FL 34660	Mailing Address POST OFFICE BOX 755 OZONA, FL 34660
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**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3639549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ZOELLNER, TIM 1155 TAMPA ROAD PALM HARBOR, FL 34683
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000619438 02/08/07-80072-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOELLNOR, TIM 1155 TAMPA ROAD PALM HARBOR, FL 34683
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IN THIS SPACE**

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:** \_\_\_\_\_  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #