2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

1. Entity Name

HEALTH TECH SOLUTIONS, INC.



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

POST OFFICE BOX 755 OZONA, FL 34660 POST OFFICE BOX 755 OZONA, FL 34660



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3639549

Applied For Not Applicable

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

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1- 21-2038

					THO OF AGE	
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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOELLNOR, TIM 1155 TAMPA ROAD PALM HARBOR, FL 34683					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000799545 01/30/08-80072-022 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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.						