

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000978

Entity Name: SINO FRESH HEALTHCARE, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

516 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

516 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-1082270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, SCOTT M
516 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: FUST, CHARLES
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: CEO () Delete
Name: FUST, CHARLES
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: DUPONT, P. ROBERT
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS () Delete
Name: OTTO, DAVID M
Address: 900 4TH AVENUE SUITE 3140
City-St-Zip: SEATTLE, WA 98164

Title: D () Delete
Name: MALONEY, STACEY
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BANNON, STEPHEN
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SCOTT M. KLEIN

CFO

04/13/2006

Electronic Signature of Signing Officer or Director

Date