

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064100

FILED
Apr 12, 2006
Secretary of State

Entity Name: HEALTH OPPORTUNITY TECHNICAL CENTER, INC.

Current Principal Place of Business:

18441 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18441 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Mailing Address:

FEI Number: 58-2634964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANGE, WILLA D
3604 SW 165 AVE.
MIRAMAR, FL 33027 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: D () Delete
Name: JOHNSON, CAROL
Address: 8069 LAKE POINT COURT
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: RANGE, WILLA D
Address: 3604 SW 165 AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL JOHNSON

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date