2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004
Secretary of State

DOCUMENT# P01000094787

Entity Name: E-HEALTH CONSULTING, INC.

Current Principal Place of Business:

1923 ASCENSION WAY
TALLAHASSEE, FL 32308

New Principal Place of Business:

2737 EAGLE GLEN CIRCLE
KISSIMMEE, FL 34746

Current Mailing Address:

1923 ASCENSION WAY
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 82-0540774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, JOHN C
106 E. COLLEGE AVE.
STE. 1200
TALLAHASSEE, FL 32301 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: DP ( ) Delete
Name: RICHARDSON, THOMAS J
Address: 5012 FRANKFORD DR
City-St-Zip: OWENS CROSS ROADS, AL 35763

Title: ST ( ) Delete
Name: RICHARDSON, SHELIA
Address: 5012 FRANKFORD DR
City-St-Zip: OWENS CROSS ROADS, AL 35763

Title: C ( ) Delete
Name: RICHARDSON, ANDREW
Address: 5012 FRANKFORD DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RICHARDSON, THOMAS J
Address: 15385 SW 14TH AVE
City-St-Zip: OCALA, FL 34746

Title: ST (X) Change ( ) Addition
Name: RICHARDSON, SHELIA
Address: 15385 SW 14TH AVE.
City-St-Zip: OCALA, FL 34746

Title: C (X) Change ( ) Addition
Name: RICHARDSON, ANDREW
Address: 1923 ASCENSION WAY
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS J. RICHARDSON DP 08/19/2004

Electronic Signature of Signing Officer or Director — Date