2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000012032

Entity Name: BRITT HEALTH CARE TECHNICAL SERVICES, INCORPORATED

Current Principal Place of Business:

11952 S.W. 37TH TERR.
MIAMI, FL 33175

New Principal Place of Business:

2907 S. E. 15TH TERRACE
HOMESTEAD, FL 33035

Current Mailing Address:

11952 S.W. 37TH TERR.
MIAMI, FL 33175

New Mailing Address:

P.O. BOX 343070
FLORIDA CITY, FL 33034

FEI Number: 20-0933923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRITT, JOYCE Q
11952 S.W. 37TH TERR.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

BRITT, JOYCE Q
P.O. BOX 343070
FLORIDA CITY, FL 33034 US

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: JOYCE Q. BRITT 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: BRITT, CARY F
Address: 11952 S.W. 37TH TERR.
City-St-Zip: MIAMI, FL 33175

Title: VSD ( ) Delete
Name: BRITT, JOYCE Q
Address: 11952 S.W. 37TH TERR.
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BRITT, CARY F
Address: 2907 S.E. 15TH TERRACE
City-St-Zip: HOMESTEAD, FL 33035

Title: VSD (X) Change ( ) Addition
Name: BRITT, JOYCE Q
Address: 2907 S.E. 15TH TERRACE
City-St-Zip: HOMESTEAD, FL 33035

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: CARY F. BRITT PTD 04/27/2005
Electronic Signature of Signing Officer or Director Date