2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000095407

1. Entity Name
UNION HSA, CORP.

FILED
06 MAY 30 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4050 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064 US	4050 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064 US

05252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4050 EASTRIDGE CIRCLE	4050 EASTRIDGE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL.	City & State: POMPANO BEACH FL
Zip: 33064 Country: US	Zip: 33064 Country: US

4. FEI Number: 06-1645493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVEIRA, SUELY R 4050 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064	Name: SEVERO, MARLENE F Street Address (P.O. Box Number is Not Acceptable): 4053 EASTRIDGE CIRCLE City: POMPANO BEACH FL Zip Code: 33064

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marlene Severo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIVEIRA, SUELY R 4050 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEVERO, MARLENE F 4050 EASTRIDGE CIRCLE POMPANO BEACH FL 33064 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMPOS, HEBROM G 4050 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800076164048 06/14/06--01005--025 **70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JC 617 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: [signature] SUELY R. OLIVEIRA 05/25/06 (954) 770-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #