2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# P03000013279

Entity Name: AAA HEALTHCARE PLANS, INC.

Current Principal Place of Business:

5100 NW 33RD AVE
STE 140
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5100 NW 33RD AVE
STE 140
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 05-0552536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAKMAN, JOEL
1600 BLUE JAY CIRCLE
WESTON, FL 33327 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: P ( ) Delete
Name: SLAKMAN, JOEL
Address: 1600 BLUE JAY CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete
Name: NICHOLSBERG, ERIC
Address: 1713 ORCHID BEND
City-St-Zip: WESTON, FL 33327

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 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: JOEL SLAKMAN P 02/26/2008

Electronic Signature of Signing Officer or Director — Date