



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

'FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000046439 1. Entity Name HEALTHSCREEN USA INC.	
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Principal Place of Business 4680 N MAGNOLIA AVENUE OCALA, FL 34479	Mailing Address 4680 N MAGNOLIA AVENUE OCALA, FL 34479
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DO NOT WRITE IN THIS SPACE

	
05022005	No Chg-P CR2E034 (10/03)
4. FEI Number 54-2095868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARDAWIL-ALEXANDER, RHONDA A
4680 N MAGNOLIA AVENUE
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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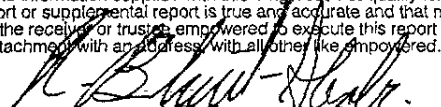
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARDAWIL-ALEXANDER, RHONDA A 4680 N MAGNOLIA AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER, JOE 4680 N MAGNOLIA AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80109-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  5/1/05 (352) 427-4127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #