

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100649

FILED
Mar 18, 2007
Secretary of State

Entity Name: AGILE HEALTH STRATEGIES, INC.

Current Principal Place of Business:

9018 CASCADA WAY
201
NAPLES,, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

9018 CASCADA WAY
201
NAPLES,, FL 34114 US

New Mailing Address:

FEI Number: 76-0740804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, SHEILA SAWYER
9018 CASCADA WAY
#201
NAPLES, FL 34114 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: ADAMS, SHEILA SAWYER
Address: 9018 CASCADA WAY, #201
City-St-Zip: NAPLES, FL 34114 US

Title: S,T () Delete
Name: ADAMS, SHEILA SAWYER
Address: 9018 CASCADA WAY, #201
City-St-Zip: NAPLES, FL 34114 US

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 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: SHEILA SAWYER ADAMS

P

03/18/2007

Electronic Signature of Signing Officer or Director

Date