

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150474

FILED
Apr 15, 2005
Secretary of State

Entity Name: HEALTHPOINT CORP.

Current Principal Place of Business:

17117 GULF BLVD.
#145
NORTH REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

17117 GULF BLVD.
#145
NORTH REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 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: PRES () Delete
Name: HEWITT, THOMAS
Address: 11235 OAK LEAF DRIVE, #1611
City-St-Zip: SILVER SPRING, MD 20901

Title: VP () Delete
Name: BURRITT, NANCY
Address: 978 SPERRY
City-St-Zip: COLTON, CA 92324

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 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: THOMAS HEWITT

MR.

04/15/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date