2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P03000151701

Entity Name: HEBRON TECHNICAL INSTITUTE OF HEALTH, INCORPORATED

Current Principal Place of Business:

99 NW 183RD STREET
205
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 NW 183RD STREET
205
MIAMI, FL 33169

New Mailing Address:

FEI Number: 86-1667570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOISE, ELIAS
4520 SW 38TH STREET
HOLLYWOOD, FL 33023 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: MOISE, ELIAS L
Address: 4520 SW 38TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP ( ) Delete
Name: JOSEPH, MARC Y
Address: 19100 NW 10TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: NETUS, YANITHE
Address: 22149 SW 103RD AVENUE
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOISE, ELIAS L
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change ( ) Addition
Name: JOSEPH, MARC Y
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change ( ) Addition
Name: NETUS, YANITHE
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

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: ELIAS MOISE D 04/26/2006

Electronic Signature of Signing Officer or Director Date