

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012603

FILED
Apr 28, 2006
Secretary of State

Entity Name: INNOVATIVE HEALTH SOLUTIONS & TECHNOLOGIES, INC.

Current Principal Place of Business:

1854 SW PALM CITY RD., APT. 204
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1854 SW PALM CITY RD., APT. 204
STUART, FL 34994

New Mailing Address:

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

Name and Address of Current Registered Agent:

DVORAK, THOMAS W
2055 S. KANNER HWY.
STUART, FL 34994 US

Name and Address of New Registered Agent:

DVORAK, THOMAS W
2510 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306 US

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: THOMAS W. DVORAK

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINIAL, DR. ANDREW V.
Address: 1854 SW PALM CITY RD., APT. 204
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: EJGRID, RICHARD
Address: 4910 S.E. DEVENWOOD WAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LINIAL, DR. ANDREW V.
Address: 1854 SW PALM CITY RD., APT. 204
City-St-Zip: STUART, FL 34994

Title: DVS (X) Change () Addition
Name: EJGRID, RICHARD
Address: 4910 S.E. DEVENWOOD WAY
City-St-Zip: STUART, FL 34994

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: DR. ANDREW LINIAL

DPT

04/28/2006

Electronic Signature of Signing Officer or Director

Date