SENT BY: 4-25- 6 ; 15:12 ;

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May 04, 2006 8:00 am
Secretary of State
05-04-2006 90233 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000002410

1. Entity Name
ULTIMATE HEALTH SOLUTIONS, INC.

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Principal Place of Business	Mailing Address
3121 NE 51ST ST., #401 FT. LAUDERDALE, FL 33308	3121 NE 51ST ST., #401 FT. LAUDERDALE, FL 33308

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2320 NW 48th St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL	City & State
Zip: 33064 Country: USA	Zip Country

4. FEI Number: 16-1713824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINUTOLO, CHARLIE 3121 NE 51ST ST., #401 FT. LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) 2320 NW 48th Street City: Lighthouse Point FL Zip Code: 33064

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINUTOLO, CHARLIE 3121 NE 51ST ST., #401 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINUTOLO, CHARLIE 2320 NW 48th Street Lighthouse Point, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: (K) ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #