## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000012892

Entity Name: HEALTH INSPIRATION INC.

ORLANDO, FL 34761

City-St-Zip:

FILED Aug 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5015 HOMESTEAD RD. ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 5015 HOMESTEAD RD. ORLANDO, FL 32808 FEI Number: 20-2794702 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALPHONSE, RICKY 1743 RACHELS RIDGE LOOP OCOEE, FL 34761 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete () Change () Addition ALPHONSE, ERMYNTRUDE Name: Name: 5015 HOMESTEAD RD. Address: Address: City-St-Zip: ORLANDO, FL 32808 US City-St-Zip: Title: () Delete Title: () Change () Addition ALPHONSE, ALISON Name: Name: 1743 RACHELS RIDGE LOOP Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ERMYNTRUDE ALPHONSE PD 08/09/2007