2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000064960

Entity Name: ANKOD HEALTHCARE SERVICES INC.

Current Principal Place of Business:

8241 NW 52 COURT
LAUDERHILL, FL 33351

New Principal Place of Business:

4960 N. PINE ISLAND RD
LAUDERHILL, FL 33351

Current Mailing Address:

8241 NW 52 COURT
LAUDERHILL, FL 33351

New Mailing Address:

P.O. BOX 25511
TAMARAC, FL 33320

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

Name and Address of Current Registered Agent:

OCCENAD, MARGARETTE
8241 NW 52 COURT
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

OCCENAD, ANDY
P.O. BOX 25511
TAMARAC, FL 33320 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: ANDY OCCENAD 05/01/2006
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:

Title: P/D ( ) Delete
Name: OCCENAD, MARGARETTE
Address: 8241 NW 52 COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: D (X) Delete
Name: MOISE, FRITZ
Address: 8210 NW 52 COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: D (X) Delete
Name: OCCENAD, ANDY
Address: 8241 NW 52 COURT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: OCCENAD, ANDY
Address: P.O. BOX 25511
City-St-Zip: TAMARAC, FL 33320

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 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: ANDY OCCENAD MR 05/01/2006
Electronic Signature of Signing Officer or Director Date