2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 OCT -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000092642

1. Entity Name
HEALTHECH MARKETING, INC

Principal Place of Business	Mailing Address
2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	2431 NW 105 TERRACE CORAL SPRINGS, FL 33065

07072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 203112275 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CID, RAUL B
2431 NW 105 TERRACE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name CID, RAUL H. (P)
Street Address (P.O. Box Number is Not Acceptable)
2431 NW 105 Terrace
City Coral Springs FL Zip Code 33065

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 Raul B Cid Raul B Cid 08/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	P CID, RAUL B 2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 000081084900 10/20/06--01066--019 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MANNS, FRANCES M 2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 000081084900 10/20/06--01066--020 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CID, RAUL H 2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CID, ANNY C 2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CID, CATALINA M 2431 NW 105 TERRACE CORAL SPRINGS, FL 33065	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/10 [ ] 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: 08/31/06 (954) 729-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

FRANCES MANNS (VP)