

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124021

Entity Name: TRUE BLUE HEALTH SERVICES, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

30 STONE GATE SOUTH
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

30 STONE GATE SOUTH
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3464201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPER, WENDY
30 STONE GATE SOUTH
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HOPPER, PETER
30 STONE GATE SOUTH
LONGWOOD, FL 32779 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: PETER HOPPER

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOPPER, WENDY
Address: 30 STONE GATE SOUTH
City-St-Zip: LONGWOOD, FL 32779 US

Title: D () Delete
Name: HOPPER, ADRIANNE
Address: 550 PARK AVENUE
City-St-Zip: MANHASSET, NY 11030 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOPPER, PETER
Address: 30 STONE GATE SOUTH
City-St-Zip: LONGWOOD, FL 32779 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCCAIN, IAN
Address: 788 E MICHIGAN STREET, APT 18
City-St-Zip: ORLANDO, FL 32806

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: PETER HOPPER

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date