

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139529

FILED
Apr 20, 2009
Secretary of State

Entity Name: HEALTH IMPROVEMENT SYSTEMS, INC.

Current Principal Place of Business:

1170 NE CLEVELAND ST
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1170 NE CLEVELAND ST
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 20-3621371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULAN, FREDDIE
224 PORTREE DRIVE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ULAN, FREDDIE
Address: 224 PORTREE DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: IRONS, LYNN
Address: 608 OSCEOLA AVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: MAREN, ARTE
Address: 1505 SUNSET DR.
City-St-Zip: CLEARWATER, FL 33755 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, T (X) Change () Addition
Name: ULAN, FREDDIE
Address: 224 PORTREE DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

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

Title: D, P (X) Change () Addition
Name: MAREN, ARTE
Address: 1505 SUNSET DR.
City-St-Zip: CLEARWATER, FL 33755 US

Title: S () Change (X) Addition
Name: BURNES, ROBIN
Address: 1970 RIPON DR
City-St-Zip: CLEARWATER, FL 33764

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: FREDDIE ULAN

D

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date