2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2006
Secretary of State

DOCUMENT# P05000162986

Entity Name: HOLT MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

2063 LIVE OAK BLVD.
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

2063 LIVE OAK BLVD.
SAINT CLOUD, FL 34771

New Mailing Address:

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

Name and Address of Current Registered Agent:

HOLT, JACK E III
390 NORTH ORANGE AVENUE
SUITE 1900
ORLANDO, FL 32801 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

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: PRES ( ) Delete
Name: HOLT, LISA
Address: 200 WEST 15TH STREET
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: MCGINLEY, DARLA
Address: 2063 LIVE OAK BLVD
City-St-Zip: SAINT CLOUD, FL 34771

Title: SEC ( ) Delete
Name: HOLT, LISA
Address: 200 WEST 15TH STREET
City-St-Zip: SANFORD, FL 32771

Title: TREA ( ) Delete
Name: MCGINLEY, DARLA
Address: 2063 LIVE OAK BLVD
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DARLA L. MCGINLEY VP 08/06/2006

Electronic Signature of Signing Officer or Director — Date