2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000027284

Entity Name: DR TRUE HEALTH SYSTEMS INC

Current Principal Place of Business:

7744 PETERS ROAD
307
PLANTATION, FL 33324

New Principal Place of Business:

2740 SW MARTIN DOWNS BLVD.
117
PALM CITY, FL 34990

Current Mailing Address:

7744 PETERS ROAD
307
PLANTATION, FL 33324

New Mailing Address:

2740 SW MARTIN DOWNS BLVD.
117
PALM CITY, FL 34990

FEI Number: 20-4451992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUE, JEROME
1171 SW SAND OAK DRIVE
PALM CITY, FL 34990 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: P/D ( ) Delete
Name: TRUE, JEROME
Address: 7744 PETERS ROAD # 307
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: TRUE, JEROME
Address: 2740 SW MARTIN DOWNS BLVD., #117
City-St-Zip: PALM CITY, FL 34990

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: JEROME TRUE, D.C., DABCN DR. 04/27/2007

Electronic Signature of Signing Officer or Director Date