2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045789

Entity Name: AFFORDAHEALTH PAIN RELIEF CENTERS, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

8480A WEST S.R. 84 **DAVIE, FL 33324** US

Current Mailing Address: New Mailing Address:

2065 S.W. 185 AVENUE 8480A WEST S.R. 84 MIRAMAR, FL 33029 US DAVIE, FL 33324 US

FEI Number: 11-3774918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARLIN, KEVIN MARLIN, CLAUDIA 8480A WEST S.R. 84 8480A WEST S.R. 84 **DAVIE, FL 33324** DAVIE, FL 33324

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: CLAUDIA MARLIN 04/02/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARLIN, KEVIN MARLIN, CLAUDIA Name: Name: 8480A WEST S.R. 84 8480A WEST S.R. 84 Address: Address: City-St-Zip:

DAVIE, FL 33324 US City-St-Zip: DAVIE, FL 33324 US

Title: () Delete Title: () Change (X) Addition Name: Name: MARLIN, KEVIN Address: Address: 8480A WEST S.R. 84 **DAVIE, FL 33324** City-St-Zip: 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: SANDRA P. GREENBLATT, ESQ. 04/02/2007 REP