2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

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Entity Name: ALTERNATIVE HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

1499 BEACON DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

121 WEBB DRIVE
SUITE 210
DAVENPORT, FL 33837

Current Mailing Address:

1499 BEACON DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-4672454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUGUID, GREG
2600 SUMMERLAND WAY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

NUGUID, RAMON T
1499 BEACON DRIVE
KISSIMMEE, FL 34746 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: RAMON T. NUGUID 04/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: NUGUID, JUDITH M
Address: 1499 BEACON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete
Name: NUGUID, RAMON
Address: 1499 BEACON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: NUGUID, RAMON T
Address: 1499 BEACON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VD (X) Change ( ) Addition
Name: KEE, ALAN Y
Address: 6072 LAKE MELROSE DRIVE
City-St-Zip: ORLANDO, FL 32829

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: RAMON T. NUGUID PRES 04/24/2007
Electronic Signature of Signing Officer or Director Date