2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P06000093655

Entity Name: PATHWAY HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

390 MERAVAN COURT
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

390 MERAVAN COURT
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 65-1284996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, SHARON B
390 MERAVAN COURT
PALM HARBOR, FL 34683 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 ( ) Delete
Name: JONES, SHARON B
Address: 390 MERAVAN COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP ( ) Delete
Name: JONES, THOMAS O
Address: 390 MERAVAN COURT
City-St-Zip: PALM HARBOR, FL 34683 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/CE (X) Change ( ) Addition
Name: JONES, SHARON B
Address: 390 MERAVAN COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP (X) Change ( ) Addition
Name: RAYMOND, TIMOTHY
Address: 1318 ROWANTREE DR.
City-St-Zip: DOVER, FL 33527 US

Title: S/T ( ) Change (X) Addition
Name: JONES, THOMAS O
Address: 390 MERAVAN COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: DIR ( ) Change (X) Addition
Name: ALBINSON, JEFF
Address: 4625 EAST BAY DRIVE SUITE 110
City-St-Zip: CLEARWATER, FL 33764

Title: DIR ( ) Change (X) Addition
Name: HOELLE, TIMOTHY
Address: 100 COREY AVE.
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: DIR ( ) Change (X) Addition
Name: BOSETTI, NORM
Address: 11435 RAPALLO LANE
City-St-Zip: WINDERMERE, FL 34786

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: SHARON B. JONES P/CE 04/19/2007

Electronic Signature of Signing Officer or Director — Date