2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080811

Entity Name: HEALTH CONSULTANTS UNLIMITED, INC.

FILED Jan 11, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

8921 W. ATLANTIC BLVD. 9690 W. SAMPLE ROAD.

SUITE Q SUITE 202

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

9690 W. SAMPLE ROAD 8921 W. ATLANTIC BLVD.

SUITE Q SUITE 202

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33065 US

FEI Number: 65-0536024 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:

FEDER, LAWRENCE H DOWNING, TIMOTHY A 10209 VESTAL COURT 2450 HOLLYWOOD BLVD., SUITE 401

HOLLYWOOD, FL 33020 CORAL SPRINGS, FL 33071 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: TIMOTHY A. DOWNING 01/11/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title:

Title: (X) Change () Addition DOWNING, ANGELINE DOWNING, ANGELINE Name: Name:

8921 W. ATLANTIC BLVD., STE Q 9690 W. SAMPLE ROAD, SUITE 202 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS (X) Change () Addition Title: DS () Delete

CROWLEY, ELIZABETH Name: CROWLEY, ELIZABETH Name:

8921 W. ATLANTIC BLVD., STE Q 9690 W. SAMPLE ROAD, WUITE 202 Address: Address: CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete CHRISTMAS, SCOTT PATRICK CHRISTMAS, SCOTT PATRICK Name: Name: 8921 W. ATLANTIC BLVD. 9690 W. SAMPLE ROAD, SUITE 202 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33065

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: ANGELINE M. DOWNING **PRES** 01/11/2006