## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000083414

Entity Name: HEALTHCO UNITED, INC.

TRENTON, FL 32693

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

		, , , , , , , , , , , , , , , , , , , ,			
Current Principal Place of Business:			New Principal Place of Business:		
	THEAST FIRST N, FL 32693	STREET			
Current Mailing Address:			New Mailing Address	:	
	FICE BOX 308 N, FL 32693				
FEI Number	: 59-3321007	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
114 NÓRT	IEODORE M THEAST FIRST N, FL 32693	STREET US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SANDERS, TAW 1113 NE 23RD CHIEFLAND, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DVPT () REXROAT, GAR 10430 S US HW		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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: TAMMY K. SANDERS DP 04/25/2007