

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009077

FILED
Jun 10, 2008
Secretary of State

Entity Name: HEALTHSCIENCE, INCORPORATED

Current Principal Place of Business:

31032 VERONO DRIVE
DELAND, FL 32720 US

New Principal Place of Business:

31032 VERONA DRIVE
DELAND, FL 32720 US

Current Mailing Address:

31032 VERONO DRIVE
DELAND, FL 32720

New Mailing Address:

31032 VERONA DRIVE
DELAND, FL 32720

FEI Number: 59-3493248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATALIE, CRAWFORD
31032 VERONO DRIVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

NATALIE, CRAWFORD
31032 VERONA DRIVE
DELAND, FL 32720 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:

06/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAFORD, LINDA
Address: 1839 DENVER WEST DR
City-St-Zip: GOLDEN, CO 80401

Title: D () Delete
Name: RAFORD, PAUL
Address: PO BOX 1252
City-St-Zip: CONIFER, CO 80433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PAUL RAFORD

DR.

06/10/2008

Electronic Signature of Signing Officer or Director

Date