

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024310

FILED
Apr 27, 2007
Secretary of State

Entity Name: ANALGESIC HEALTHCARE, INC.

Current Principal Place of Business:

7823 N. MABRY HWY.
SUITE 202
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7823 N. MABRY HWY.
SUITE 202
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3497691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREGORY, DOUGLAS
100 N. TAMPA ST.
SUITE 1975
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GREGORY, DOUGLAS
607 W BAY ST.
TAMPA, FL 33606 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: DOUGLAS GREGORY

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: EDGERTON, ROY
Address: 13918 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: EDGERTON, ROY
Address: 13918 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

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: ROY G. EDGERTON

CEO

04/27/2007

Electronic Signature of Signing Officer or Director

Date