

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068793

Entity Name: HEALTH HIGHWAY, INC.

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

200 STARCREST DRIVE  
282  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5265  
CLEARWATER, FL 33758

**New Mailing Address:**

FEI Number: 59-3525928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE, FL 33777 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: BARRON, GENA  
Address: PO BOX 5265  
City-St-Zip: CLEARWATER, FL 33758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: GENA BARRON

PRES

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date