

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050807

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTH & PHYSICAL SERVICES, INC.

Current Principal Place of Business:

13754 CHATSWORTH VILLAGE DR
WELLINGTON, FL 33414

New Principal Place of Business:

3500 NSR7
190
LAUDERDALE LKS, FL 33319

Current Mailing Address:

13754 CHATSWORTH VILLAGE DR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0926812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, LORNA
9919 N.W. 2ND ST.
PLANTATION, FL 33324 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: D () Delete
Name: REID, LORNA
Address: 9919 N.W. 2ND ST.
City-St-Zip: PLANTATION, FL 33324

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 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: LORNA REID

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date