2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P99000071668

Entity Name: FINANCIAL HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

120 UNIVERSITY PARK DR
SUITE 235
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

120 UNIVERSITY PARK DR
SUITE 235
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3599959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASSERMAN, LYNN
807 RIVERS COURT
ORLANDO, FL 32828 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: WASSERMAN, LYNN M
Address: 807 RIVERS CT
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: GOODALL, RICHARD
Address: 7940 CASTLE PINES AVE.
City-St-Zip: LAS VEGAS, NV 89113

Title: D ( ) Delete
Name: AYRES, RYAN
Address: 1031 WATERSIDE LANE
City-St-Zip: HOLLYWOOD, FL 33019

Title: O ( ) Delete
Name: WASSERMAN, BRIAN
Address: 807 RIVERS CT.
City-St-Zip: ORLANDO, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BRIAN WASSERMAN PRES 01/03/2007

Electronic Signature of Signing Officer or Director — Date