

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107091

FILED
Apr 28, 2006
Secretary of State

Entity Name: SHENQUE HEALTHCARE, INC.

Current Principal Place of Business:

605 BELVEDERE ROAD
SUITE 5
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

605 BELVEDERE ROAD
SUITE 5
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0967563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLON, JIM
8620 WHITE CAY
WEST PALM BEACH, FL 33411 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: HANLON, JIM
Address: 8620 WHITE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: HANLON, JIM
Address: 8620 WHITE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: JAMES HANLON

_____ Electronic Signature of Signing Officer or Director

MR.

04/28/2006

_____ Date