


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90420 017 ***150.00

DOCUMENT # F02000000993

1. Entity Name
HEALTH CONSERVATION, INC.



Principal Place of Business
**810 EAST STATE STREET
 STE 206
 ROCKFORD, IL 61104**

Mailing Address
**810 EAST STATE STREET
 STE 206
 ROCKFORD, IL 61104**

40089610

2. Principal Place of Business - No P.O. Box #
415 Financial CT
 Suite, Apt. #, etc.

3. Mailing Address
415 Financial CT
 Suite, Apt. #, etc.



04272007 Chg-P CR2E034 (12/06)

City & State
Rockford, IL

City & State
Rockford, IL

Zip
61107

Country

Zip
61107

Country

4. FEI Number
37-1367062

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DROLLINGER, CYNTHIA
 5680 WILLIAMS DRIVE
 FORT MYERS BEACH, FL 33931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DROLLINGER, CYNTHIA	
STREET ADDRESS	810 EAST STATE ST., STE 206	
CITY-ST-ZIP	ROCKFORD, IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENSEMA, JERRY	
STREET ADDRESS	810 EAST STATE ST., STE 206	
CITY-ST-ZIP	ROCKFORD, IL 61104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drollinger, Cynthia	
STREET ADDRESS	415 Financial Ct.	
CITY-ST-ZIP	Rockford, IL 61107	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jensema, Jerry	
STREET ADDRESS	415 Financial Ct.	
CITY-ST-ZIP	Rockford, IL 61107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4.26.07 815.964.4465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #