2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012031

Entity Name: IHEALTHSPOT, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6542 HYPOLUXO ROAD 767 SOUTH STATE RD 7 SUITE 18 #292

LAKE WORTH, FL 33467 MARGATE, FL 33068

New Mailing Address: Current Mailing Address:

6542 HYPOLUXO ROAD 767 SOUTH STATE RD 7 SUITE 18

LAKE WORTH, FL 33467 MARGATE, FL 33068

FEI Number: 20-2311956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VOSS, PATRICIA R ESQ. 1401 ÉAST BROWARD BLVD #303

FORT LAUDERDALE, FL 33301 US

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:

Address:

Date

Address:

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ACTION ONLINE TECHNO, LOGIES, INC ACTION ONLINE TECHNO, LOGIES, INC Name: Name: 6542 HYPOLUXO ROAD #292 767 SOUTH STATE RD 7, SUITE 18

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: MARGATE, FL 33068

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: NICHOLAS G HALL 01/30/2007 CEO