

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005299

FILED
Jan 21, 2009
Secretary of State

Entity Name: INSTITUTE FOR ENVIRONMENTAL HEALTH INC.

Current Principal Place of Business:

15300 BOTHELL WAY NE
LAKE FOREST PARK, WA 98155

New Principal Place of Business:

Current Mailing Address:

15300 BOTHELL WAY NE
LAKE FOREST PARK, WA 98155

New Mailing Address:

FEI Number: 26-0165433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CPD () Delete
Name: SAMADPOUR, MANSOUR
Address: 16810 SHORE DRIVE NE
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: VCVP () Delete
Name: ALFI, DALIA
Address: 16810 SHORE DRIVE NE
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: DST () Delete
Name: ALFI, DALIA
Address: 16810 SHORE DRIVE NE
City-St-Zip: LAKE FOREST PARK, WA 98155

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:

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: DALIA ALFI

VCVP

01/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date