2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008158

FILED Mar 06, 2011 Secretary of State

Entity Name: INTERNATIONAL HEALTH INITIATIVES, INC.

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

6511 NOVA DRIVE

#105

DAVIE, FL 33317 US

Current Mailing Address: New Mailing Address:

6511 NOVA DRIVE #105

DAVIE, FL 33317 US

FEI Number: 20-1511058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ANDREA, KIRSH CYRIL, BLAVO 2535 REGATTA AVE 6511 NOVA DR

MIAMI BEACH, FL 33140 US DAVIE, FL 33317 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: CYRIL BLAVO 03/06/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BLAVO, CYRIL

Address: 6511 NOVA DRIVE #105 City-St-Zip: DAVIE, FL 33317 US

Title: VF

Name: KIRSH, WILLIAM
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title:

Name: JOHNSON, KENNETH Address: 6511 NOVA DRIVE #105 City-St-Zip: DAVIE, FL 33317 US

Title:

 Name:
 SIDBERRY, GRACE

 Address:
 6511 NOVA DRIVE # 105

 City-St-Zip:
 DAVIE, FL 33317 US

Title: [

 Name:
 GREEN, PAULET

 Address:
 6511 NOVA DRIVE #105

 City-St-Zip:
 DAVIE, FL 33317 US

Title: [

 Name:
 ASHIAGBOR, BISMARK

 Address:
 6511 NOVA DRIVE #105

 City-St-Zip:
 DAVIE, FL 33317 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYRIL BLAVO PRES 03/06/2011