2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90014 035 ****61.25

| DOCUMENT # N9600004237 1. Entity Name MORE HEALTH, INC. | | | | | | | 03-20-20 | 006 90014 | 035 ****6 | 51.25 |
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| Principal Place of Business 1405 W SWANN AVE TAMPA, FL 33606 US Mailing Address 1405 W SWANN AVE TAMPA, FL 33606 US TAMPA, FL 33606 US | | | | | | 6 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | TIJJU | Č (n)n hung (1711 p | |
| 2. Principal Place of Business 3. Ma | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 03092006 | Chg-NP | CR2E | 037 (11/05) | |
| City & State | | City & State | | | | 4. FEI Numbe 59-339 | 7472 | | ⊢ | pplied For ot Applicable |
| Zip | Country | Zip | Country | | | 5. Certificate | of Status Desire | ed 🔲 | \$8.75 Ad Fee Require | ditional |
| | 6. Name and Address of Current R | egistered Agent | | | ^ | 7. Name and | Address of Ne | w Registered | l Agent | |
| CDANE S | TEDUEN A | | | Name | | | | | | |
| CRANE, STEPHEN A 100 NORTH TAMPA STREET SUITE 2700 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TAMPA, F | L 33602 | | | | | | | | | : |
| , | | | | City | | | | F | Zip Cod | de |
| 8. The above | named entity submits this statement for | the purpose of changing | its registered | d office or | registere | d agent, or bot | th, in the State of | of Florida. I an | n (amiliar with | and accept |
| the obligat | tions of registered agent. | | | | Ü | 5 , | , | | | |
| | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| ı | Signature, typed or printed name of registered agent an | vi title if anolicable (: | NOTE: Renieteran | Anont eigent | wa carajiradi | arran reinetations | | | | |
| | Signature, typed or printed name of registered agent an | d title if applicable. (| NOTE: Registered | Agent signat | ure required | when reinstating) | | DATE | | |
| | Signature, typed or printed name of registered agent an Filling Fee Is \$61.25 Due by May 1, 2006 | 9. Election | Campaign Fir | nancing | | \$5.00 May B Added to Fees | de I | | ck payable t | |
| 10. | Filing Fee is \$61.25 | 9. Election Trust Fur | Campaign Fir | nancing | | \$5.00 May B Added to Fees DDITIONS/CH | de ANGES TO OFF | Make che Florida Depa | ck payable t artment of S | tate |
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 813-258.6366

Daytime Phone #