

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028196

Entity Name: ASGARDHEALTH CORP.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

431 SEABREEZE AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401

New Mailing Address:

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

Name and Address of Current Registered Agent:

ASGARD GROUP, INC.
1675 PALM BEACH LAKES BOULEVARD
SUITE 700
WEST PALM BEACH, FL 33401 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: DP () Delete
Name: LOVETT, BRADFORD S
Address: 431 SEABREEZE AVENUE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOVETTE, BRADFORD S
Address: 431 SEABREEZE AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: BRADFORD S. LOVETTE

DIR

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date