

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102930

Entity Name: HEALTH AND HYGIENE, INC.

FILED  
Apr 14, 2006  
Secretary of State

**Current Principal Place of Business:**

4406 EXCHANGE AVE., #127  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4406 EXCHANGE AVE., #127  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 20-3194839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BLVD., SUITE 600  
NAPLES, FL 34108 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CO ( ) Change (X) Addition  
Name: FOWLER WHITE BOGGS B, ANKER P.A.  
Address: 5811 PELICAN BAY BLVD., SUITE 600  
City-St-Zip: NAPLES, FL 34108 US

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: FOWLER WHITE BOGGS

CO

04/14/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date