

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102930

Entity Name: HEALTH AND HYGIENE, INC.

FILED
Mar 24, 2008
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: CO () Delete
Name: FOWLER WHITE BOGGS B, ANKER P.A.
Address: 5811 PELICAN BAY BLVD., SUITE 600
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FOWLER WHITE BOGGS BANKER P.A.

CO

03/24/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date