2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# P05000155939

Entity Name: MY HEALTH NETWORK INTERNATIONAL CORPORATION

Current Principal Place of Business:

50 HAVENVIEW LANE
OCEANSIDE, CA 92056 US

New Principal Place of Business:

Current Mailing Address:

50 HAVENVIEW LANE
OCEANSIDE, CA 92056 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: EDWARD STAHLIN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: LYDIKSEN, HARRY
Address: 50 HAVENVIEW LANE
City-St-Zip: OCEANSIDE, CA 92056 US

Title: P ( ) Delete
Name: LYDIKSEN, HARRY
Address: 50 HAVENVIEW LANE
City-St-Zip: OCEANSIDE, CA 92056 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: LYDIKSEN, HARRY W
Address: 50 HAVENVIEW LANE
City-St-Zip: OCEANSIDE, CA 92056 US

Title: P (X) Change ( ) Addition
Name: LYDIKSEN, HARRY W
Address: 50 HAVENVIEW LANE
City-St-Zip: OCEANSIDE, CA 92056 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: HARRY W. LYDIKSEN DIR 10/19/2006

Electronic Signature of Signing Officer or Director Date