

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134735

FILED  
Feb 21, 2010  
Secretary of State

Entity Name: FOCUS ON HEALTH ELEMENTS, INC.

**Current Principal Place of Business:**

2212 HARBOUR CT #3  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

2212 HARBOUR CT #3  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 51-0610004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASE, KAREN  
2212 HARBOUR CT #3  
LONGBOAT KEY, FL 34228 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: PD  
Name: CASE, GLORIA  
Address: 2212 HARBOUR CT #3  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD  
Name: CASE, HILDA  
Address: 2212 HARBOUR CT #3  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T  
Name: CASE, KAREN  
Address: 2212 HARBOUR CT #3  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: KAREN CASE

T

02/21/2010

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

\_\_\_\_\_ Date