DOCUMENT# F07000005299 Entity Name: INSTITUTE FOR ENVIRONMENTAL HEALTH INC.			Jan 30, 2013	
				Secretary of State CC3812302488
15300 BOTHEL	ncipal Place of Business: L WAY NE PARK, WA 98155		CC30123(JZ400
Current Mai	ling Address:			
	IELL WAY NE ST PARK, WA 98155			
FEI Number: 26-0165433 Certificate of Statu			Certificate of Status Desire	d: No
Name and A	Address of Current Registered Agent:			
IEH INC. 1017 DUDA RC	YELAZQUEZ, MARIANA DAD , FL 32809 US			
The above name	d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Florida	ì.
	d entity submits this statement for the purpose of changir E: MARIANA DOMINGUEZ VELAZQUE		0 • • •	n. 1/30/2013
			0 • • •	
	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent		0 • • •	1/30/2013
SIGNATURE	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent		0 • • •	1/30/2013
SIGNATURE Officer/Dire	MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent ctor Detail :	Z	0	1/30/2013
SIGNATURE Officer/Dire	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent Ctor Detail : CPD	Title	0 VCVP	1/30/2013
SIGNATURE Officer/Dire Title Name Address	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent Ctor Detail : CPD SAMADPOUR, MANSOUR	Title Name Address	UCVP ALFI, DALIA	1/30/2013
SIGNATURE Officer/Dire Title Name Address	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent Ctor Detail : CPD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent Ctor Detail : CPD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE LAKE FOREST PARK WA 98155	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent CCPD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE LAKE FOREST PARK WA 98155 DST	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent Ctor Detail : CPD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE LAKE FOREST PARK WA 98155 DST ALFI, DALIA	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent CORD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE LAKE FOREST PARK WA 98155 DST ALFI, DALIA 16810 SHORE DRIVE NE	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	E: MARIANA DOMINGUEZ VELAZQUE Electronic Signature of Registered Agent CORD SAMADPOUR, MANSOUR 16810 SHORE DRIVE NE LAKE FOREST PARK WA 98155 DST ALFI, DALIA 16810 SHORE DRIVE NE	Title Name Address	0 VCVP ALFI, DALIA 16810 SHORE DRIVE NE	1/30/2013

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: DALIA ALFI

VICE PRESIDENT

01/30/2013

FILED

Electronic Signature of Signing Officer/Director Detail

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Date