

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003414

Entity Name: IDEAL HEALTH, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

100 MARKET STREET, #203  
PORTSMOUTH, NH 03801

## New Principal Place of Business:

## Current Mailing Address:

100 MARKET STREET, #203  
PORTSMOUTH, NH 03801

## New Mailing Address:

FEI Number: 91-2134058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303 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: PSD ( ) Delete  
Name: STANWOOD, TODD  
Address: 4 ILLSEY HILL ROAD  
City-St-Zip: WEST NEWBURY, MA 01985

Title: VTD ( ) Delete  
Name: DECAPRIO, LOUIS  
Address: 4 ILLSEY HILL ROAD  
City-St-Zip: WEST NEWBURY, MA 01985

Title: CD ( ) Delete  
Name: DENNY, LUDWELL  
Address: 6501 OLD GATE ROAD  
City-St-Zip: PLANO, TX 75024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS DECAPRIO

VTD

01/04/2005

Electronic Signature of Signing Officer or Director

Date