2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005266

Apr 10, 2009 Secretary of State

Entity Name: OFFICE OF EDUCATOR FOR HEALTH EDUCATION AND HIS SUCCESSORS, A CORPORATION SOLE

Current Principal Place of Business: New Principal Place of Business:

5206 SW 11TH AVE CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

PO BOX 101674 CAPE CORAL, FL 33910

FEI Number: 55-0804221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE OFFICE OF PRESIDING ELDER FOR SOLE RES OURCES DOC. NUMBER F02000001218 1980 N. ATLANTIC AVE., STE. 602 COCOA BEACH, FL 32931 US FRANCO, FLAVIO 144 EXCUTIVE CIRCLE BOYNTON BEACH, FL 33436 US

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: FLAVIO FRANCO 04/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CEO () Delete

 Name:
 DYER, DR DAVID S

 Address:
 5206 SW 11TH AVE..

Address: 5206 SW 111H AVE...
City-St-Zip: CAPE CORAL, FL 33914

 Title:
 VP
 () Delete

 Name:
 DYER, GENTRY B

 Address:
 2790 NE 29TH AVE. # 4

Address: 2790 NE 29TH AVE. # 4
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: CEO (X) Change () Addition

 Name:
 DYER, DAVID S DR

 Address:
 5206 SW 11TH AVE..

 City-St-Zip:
 CAPE CORAL, FL 33914

Title: VP (X) Change () Addition

Name: DYER, GENTRY B

Address: 4015 W. PALM AIRE DR #1006 City-St-Zip: POMPANO BEACH, FL 33069

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. DYER CEO 04/10/2009