2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006145

Entity Name: FORHEALTH TECHNOLOGIES, INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business:			Now Pri	New Principal Place of Business:		
790 FENTRESS BLVD. DAYTONA BEACH, FL 32114						
Current Mailing Address:				New Mailing Address:		
790 FENTRESS BLVD. DAYTONA BEACH, FL 32114						
FEI Number:	52-2006184	FEI Number Applied For()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
LLOYD, SPENCE 790 FENTRESS BLVD. DAYTONA BEACH, FL 32114				LLOYD, SPENCER D CFO 790 FENTRESS BLVD. DAYTONA BEACH, FL 32114		
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: SPENCER D. LLOYD 04/23/2004						
	Electron	ic Signature of Registered Agen	t		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () WOLFORD, RO 790 FENTRESS DAYTONA BEA	S BLVD.	Title: Name: Address: City-St-Zip	,	Change () Addition	
Title: Name: Address: City-St-Zip:	P () OSBORNE, JOI 790 FENTRESS DAYTONA BEA	S BLVD.	Title: Name: Address: City-St-Zip		Change () Addition	
Title: Name: Address: City-St-Zip:	D () DRANT, RYAN 1119 ST. PAUL BALTIMORE, M		Title: Name: Address: City-St-Zip	,	Change () Addition	
Title: Name: Address: City-St-Zip:	D () GROTTING, JO 120 S. SIERRA SOLANO BEAC	AVE.	Title: Name: Address: City-St-Zip	. ,	Change () Addition	
Title: Name: Address: City-St-Zip:	D () LOWELL, WAY 6 BAYSIDE IRVINE, CA 92		Title: Name: Address: City-St-Zip		Change () Addition	
Title: Name: Address: City-St-Zip:	PAIVA, WILLIA	REET SUITE 805	Title: Name: Address: City-St-Zip	, ,	Change () Addition	

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: JOEL OSBORNE P 04/23/2004