2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006875

Entity Name: HEALTHETECH, INCORPORATED

FILED Mar 03, 2005 Secretary of State

The series of th							
Current Principal Place of Business:				New Principal Place of Business:			
1207 NE 92ND STREET MIAMI SHORES, FL 33138							
Current Mailing Address:				New Mailing Address:			
1207 NE 92ND STREET MIAMI SHORES, FL 33138							
FEI Number:	77-0478611	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US				NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 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:					03/03/2005		
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DENNIS, JAMES	T DRIVE, 3RD FLOOR		Title: Name: Address: City-St-Zip:	DENNIS, JAN	OINT DRIVE, 3RD FLOOR	
Title: Name: Address: City-St-Zip:	SAMBERG, ART	Delete T DRIVE, 3RD FLOOR 0401		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	LABER, GERALD	T DRIVE, 3RD FLOOR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MACPHERSON,	T DRIVE, 3RD FLOOR		Title: Name: Address: City-St-Zip:	MACPHERS	(X) Change () Addition ON, ALEXANDER OINT DRIVE, 3RD FLOOR O 80401	
Title: Name: Address: City-St-Zip:	FRESIA, RICK	Delete T DRIVE, 3RD FLOOR 0401		Title: Name: Address: City-St-Zip:	FRESIA, RIC	OINT DRIVE, 3RD FLOOR	

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: ALEXANDER MACPHERSON CEO 03/03/2005