2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# F06000000649

Entity Name: HUMAN HEALTH PROJECT INC.

Current Principal Place of Business:

479 RUSTIC DR.
LOS ANGELES, CA 90065

New Principal Place of Business:

Current Mailing Address:

479 RUSTIC DR.
LOS ANGELES, CA 90065

New Mailing Address:

FEI Number: 71-0891805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MERCEREAU, KAREN
701 CHANCELLAR DRIVE
LUTZ, FL 33548 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

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: HARRINGTON, PHILIP
Address: 479 RUSTIC DR.
City-St-Zip: LOS ANGELES, CA 90065

Title: VC ( ) Delete
Name: NEVEU, MARK
Address: 8081 HARDING AVE., STE. 101
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: TRAUB, DAVID
Address: 50 WOOD SIDE PLAZA, STE. 601
City-St-Zip: REDWOOD CITY, CA 94061

Title: D ( ) Delete
Name: CLARKE, MURRAY
Address: 1821 WILSHIRE BLVD., STE. 400
City-St-Zip: SANTA MONICA, CA 90403

Title: V ( ) Delete
Name: MERCEREAU, KAREN
Address: 701 CHANCELLAR DRIVE
City-St-Zip: LUTZ, FL 33548

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:

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 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: PHILIP HARRINGTON CEO 05/08/2008

Electronic Signature of Signing Officer or Director — Date