
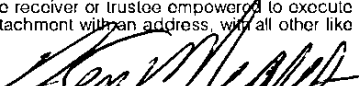


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 016 ***150.00

DOCUMENT # F06000000928			
1. Entity Name GREAT HEALTHWORKS, INC.			
Principal Place of Business 13794 N.W. 4TH ST. STE 208 SUNRISE FL 33325		Mailing Address 13794 N.W. 4TH ST. STE 208 SUNRISE FL 33325	
2. Principal Place of Business - No P.O. Box # 1890 N. University Drive		3. Mailing Address (same)	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. (same)	
City & State Coral Springs, FL		City & State (same)	
Zip 33071	Country	Zip 33071	Country
6. Name and Address of Current Registered Agent MEARES, KEN 13794 N.W. 4TH ST. STE 208 SUNRISE FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small> (NOTE: Registered Agent signature required when re-registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MEARES, KEN 13794 N.W. 4TH ST. STE 208 SUNRISE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO DUPREE, MILES 13794 N.W. 4TH ST. STE 208 SUNRISE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		KEN MEARES 3/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/06)

4. FEI Number 68-0574987 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required