


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90045 040 \*\*\*158.75

<b>DOCUMENT # F06000000928</b> 1. Entity Name <b>GREAT HEALTHWORKS, INC.</b>					
Principal Place of Business <b>1890 N. UNIVERSITY DRIVE STE 205 CORAL SPRINGS, FL 33071</b>			Mailing Address <b>1890 N. UNIVERSITY DRIVE STE 205 CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>68-0574987</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent					
<b>MEARES, KEN 13794 N.W. 4TH ST. STE 208 SUNRISE, FL 33325</b>					
7. Name and Address of New Registered Agent					
Name <b>Ken Meares</b>					
Street Address (P.O. Box Number is Not Acceptable)					
<b>1890 N. University Drive STE 205</b>					
City <b>Coral Springs</b> State <b>FL</b> Zip Code <b>33071</b>					
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 _____ (NOTE: Registered Agent Signature required when remaining) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MEARES, KEN <input type="checkbox"/> Delete 13794 N.W. 4TH ST. STE 208 SUNRISE, FL 33325				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DUPREE, MILES <input type="checkbox"/> Delete 13794 N.W. 4TH ST. STE 208 SUNRISE, FL 33325				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
CEO Ken Meares <input type="checkbox"/> Change <input type="checkbox"/> Addition 1890 N. University Drive # 205 Coral Springs, FL 33071					
PCOO Miles E. Dupree <input type="checkbox"/> Change <input type="checkbox"/> Addition 1890 N. University Drive # 205 Coral Springs, FL 33071					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 Chapter 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: <u>Miles E. Dupree</u> Date: <u>3/20/08</u> Daytona Phone #: <u>954.707.5080</u>					