# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# F06000000928

**Entity Name:** GREAT HEALTHWORKS, INC.

**Current Principal Place of Business:**

1890 N. UNIVERSITY DRIVE
STE 205
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1890 N. UNIVERSITY DRIVE
STE 205
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number: 68-0574987** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEARES, KEN
1890 N. UNIVERSITY DRIVE STE 205
CORAL SPRINGS, FL 33071 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: MEARES, KEN
Address: 13794 N.W. 4TH ST. STE 208
City-St-Zip: SUNRISE, FL 33325

Title: PCOO ( ) Delete
Name: DUPREE, MILES
Address: 13794 N.W. 4TH ST. STE 208
City-St-Zip: SUNRISE, FL 33325

Title: CEO (X) Delete
Name: MEARES, KEN
Address: 1890 N. UNIVERSITY DRIVE #205
City-St-Zip: CORAL SPRINGS, FL 33071

Title: COO (X) Delete
Name: DUPREE, MILES E
Address: 1890 N. UNIVERSITY DRIVE #205
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition
Name: MEARES, KEN
Address: 1890 N. UNIVERSITY DRIVE SUITE # 205
City-St-Zip: CORAL SPRINGS, FL 33071

Title: COO (X) Change ( ) Addition
Name: DUPREE, MILES
Address: 1890 N. UNIVERSITY DRIVE SUITE # 205
City-St-Zip: CORAL SPRINGS, FL 33071

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILES E. DUPREE COO 01/22/2009

Electronic Signature of Signing Officer or Director — Date