

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005889

Entity Name: CELLHEALTH LIMITED INC.

FILED  
May 27, 2008  
Secretary of State

## Current Principal Place of Business:

STATIONBRIDGE, BLAKE HALL ROAD  
ONGER, ESSEX  
CM59LN ENGLAND,

## Current Mailing Address:

2298 WIND JAMMER WAY  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

STATIONBRIDGE, BLAKE HALL ROAD  
ONGER, ESSEX  
CM59LN ENGLAND, UK CM59LN UK

## New Mailing Address:

PO BOX 101674  
CAPE CORAL, FL 33910 US

FEI Number: 98-0510643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DYER, DAVID DR  
2298 WIND JAMMER WAY  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

DYER, DAVID DR  
5206 SW 11TH AVE  
CAPE CORAL, FL 33914 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: DR DAVID DYER

05/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MONTAGUE, LEWIS  
Address: STATIONBRIDGE, BLAKE HALL RD, ONGER, ESSEX  
City-St-Zip: CM59LN ENGLAND,

Title: D ( ) Delete  
Name: DYER, DAVID DR  
Address: 2298 WIND JAMMER WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: MONTAGUE, LEWIS  
Address: STATIONBRIDGE, BLAKE HALL RD, ONGER, ESSEX  
City-St-Zip: CM59LN ENGLAND, UK CM59LN UK

Title: PRES (X) Change ( ) Addition  
Name: DYER, DAVID DR  
Address: 5206 SW 11TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914 US

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: DR DAVID DYER

PRES

05/27/2008

Electronic Signature of Signing Officer or Director

Date