2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001672

Entity Name: HEALTH INVESTMENTS, INC

FILED Apr 22, 2008 Secretary of State

_		iivveorivietivro, iivo.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	ANOR #604 / 98 WEST FL 32550					
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
10859 EMERALD PARKWAY WEST SUITE 204, BOX 414 MIRAMAR BEACH, FL 32550			SUITE 204	10859 EMERALD COAST PARKWAY WEST SUITE 204, BOX 414 MIRAMAR BEACH, FL 32550		
FEI Number	: 62-1479520	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
1200 SOU	PORATION SYS ITH PINE ISLAI ION, FL 33324	ND ROAD				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ac	jent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CHRM () JOHNSON, EMI 1589 APPLING CORDOVA, TN	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOONEY, RAN 1589 APPLING CORDOVA, TN	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANKLIN, IAN 3417 DEER CR	Delete EEK PALLADIAN CIRCLE EACH, FL 33442	Title: Name: Address: City-St-Zip:		(X) Change ()Addition IAN HILL CIRCLE IGE, FL 32127	
Title: Name: Address: City-St-Zip:	S () FRANKLIN, ERI 773 SANDY HIL PORT ORANGE	L CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	

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: IAN FRANKLIN P 04/22/2008