

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74561

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTH EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

4040 KIMBERLY CIR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12574
TALLAHASSEE, FL 323172574 US

New Mailing Address:

FEI Number: 59-2197707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASZEWSKI, LOUISE M
4040 KIMBERLY CIRCLE
TALLAHASSEE, FL 32309 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: PT () Delete
Name: TOMASZEWSKI, LOUISE M
Address: 4040 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: V () Delete
Name: TOMASZEWSKI, KEVIN P
Address: 4040 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: S () Delete
Name: TOMASZEWSKI, GARY L
Address: 4040 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TOMASZEWSKI, KEVIN P
Address: 100 OUTALWAYS FARM ROAD
City-St-Zip: MONTICELLO, FL 32344 US

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: GARY L TOMASZEWSKI

S

04/30/2007

Electronic Signature of Signing Officer or Director

Date