

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002548

FILED
Apr 10, 2007
Secretary of State

Entity Name: HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED

Current Principal Place of Business:

3701 FAU BLVD.
SUITE 210
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3701 FAU BLVD.
SUITE 210
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 88-0381235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVETT, DONALD A
TUSCANY C 183
DELRAY BEACH, FL 33446 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: TD () Delete
Name: VAN DE, CASTEELE R
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: DAVETT, DONALD
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: BERGER, RICHARD
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: PDT () Delete
Name: GRIKE, MICHAEL
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: HARRY, GLEN
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: NEVARD, ROGER
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL GRIKE

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date