


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 029 ***150.00

DOCUMENT # F9800002548 1. Entity Name HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED			
Principal Place of Business 3701 FAU BLVD. SUITE 210 BOCA RATON, FL 33431		Mailing Address 3701 FAU BLVD. SUITE 210 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 1301 W. COPANS RD. Suite, Apt. #, etc. BLDG E 5-6 City & State Pompano Beach, FL Zip 33064		3. Mailing Address 1301 W. COPANS RD. Suite, Apt. #, etc. BLDG E 5-6 City & State Pompano Beach, FL Zip 33064	
04082008 Chg-P CR2E034 (12/06)		4. FEI Number 88-0381235	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVETT, DONALD A TUSCANY C 183 DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Donald Davett</u> DATE: <u>3-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete VAN DE, CASTEELE R 1301 WEST COPANS RD BLDG E STE 1-4 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK NEVEY 1301 W. COPANS RD, BLDG E 5-6 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete DAVETT, DONALD 1301 WEST COPANS RD BLDG E STE 1-4 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BERGER, RICHARD 1301 WEST COPANS RD BLDG E STE 1-4 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Director <input type="checkbox"/> Delete GERIKE, MICHAEL 1301 WEST COPANS RD BLDG E STE 1-4 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NEVARD, ROGER 1301 WEST COPANS RD BLDG E STE 1-4 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael G. Gierke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/8/08</u> Daytime Phone #: <u>954-590-2706</u>	