



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2008 90025 029 \*\*\*150.00

<b>DOCUMENT # F98000002548</b> 1. Entity Name <b>HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED</b>			
Principal Place of Business <b>3701 FAU BLVD. SUITE 210 BOCA RATON, FL 33431</b>		Mailing Address <b>3701 FAU BLVD. SUITE 210 BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box # <b>1301 W. COPANS RD.</b> Suite, Apt. #, etc. <b>BLDG E 5-6</b> City & State <b>Pompano Beach, FL</b> Zip <b>33064</b>		3. Mailing Address <b>1301 W. COPANS RD.</b> Suite, Apt. #, etc. <b>BLDG E 5-6</b> City & State <b>Pompano Beach, FL</b> Zip <b>33064</b>	
			
		04082008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>88-0381235</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVETT, DONALD A TUSCANY C 183 DELRAY BEACH, FL 33446</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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><b>DONALD DAVETT</b></u> DATE <u><b>3-8-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Director MARK NEVEY 1301 W. COPANS RD, BLDG E 5-6 Pompano Beach, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DE, CASTEELE R	NAME	
STREET ADDRESS	1301 WEST COPANS RD BLDG E STE 1-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	DAVETT, DONALD	NAME	
STREET ADDRESS	1301 WEST COPANS RD BLDG E STE 1-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	BERGER, RICHARD	NAME	
STREET ADDRESS	1301 WEST COPANS RD BLDG E STE 1-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	<del>Director</del> <input type="checkbox"/> Delete	TITLE	
NAME	GERIKE, MICHAEL	NAME	
STREET ADDRESS	1301 WEST COPANS RD BLDG E STE 1-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	NEVARD, ROGER	NAME	
STREET ADDRESS	1301 WEST COPANS RD BLDG E STE 1-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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><b>Michael Gierke</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>4/8/08</b></u> Daytime Phone # <u><b>954-590-2706</b></u>	