2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# H01433

Entity Name: GOOD HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

2904 BAY TO BAY BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7061
TAMPA, FL 33673

New Mailing Address:

FEI Number: 59-2419449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODDEN, MITCHELL
2904BAY TO BAY BLVD
TAMPA, FL 33629

Name and Address of New Registered Agent:

BODDEN, MITCHELL J PRES.
2904BAY TO BAY BLVD
TAMPA, FL 33629

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: MITCHELL J. BODDEN 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BODDEN, MITCHELL,
Address: 910 S LAKEVIEW RD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BODDEN, MITCHELL J PRES.
Address: 910 S LAKEVIEW RD
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL J. BODDEN PRES 04/19/2004
Electronic Signature of Signing Officer or Director Date