2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008
Secretary of State

DOCUMENT# L05000045599

Entity Name: HEALTH & WEALTH, LLC

Current Principal Place of Business:

4710 EISENHOWER BLVD.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 261718
TAMPA, FL 336851718

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LOWE, PETER S
Address: 1370 SOUTH OCEAN BLVD.
City-St-Zip: LANTANA, FL 33462

Title: ST ( ) Delete
Name: LOWE, PETER S
Address: 1370 SOUTH OCEAN BLVD.
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOWE, PETER S
Address: 123 CONGRESS AVE. #109
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ST (X) Change ( ) Addition
Name: LOWE, PETER S
Address: 123 CONGRESS AVE. #109
City-St-Zip: BOYNTON BEACH, FL 33426

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER LOWE MGR 05/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date