


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

05-15-2007 90151 027 ****50.00

DOCUMENT # L06000046545 1. Entity Name AGAPE HEALTH GROUP, LLC					
Principal Place of Business PO BOX 19427 JACKSONVILLE, FL 32245			Mailing Address PO BOX 19427 JACKSONVILLE, FL 32245		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 204922173	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOILANEN, THOMAS 1309 ST JOHNS BLUFF RD N 104 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIZON, ALEJANDRO 6079 WAKULA SPRINGS DR JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABREA, LETICIA 7819 MOUNT RAINIER DR JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIZON, LIBERTY 6079 WAKULA SPRINGS DR JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

11. 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 is true and accurate and that my 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 receiving trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Leticia Abrea* **LETICIA ABREA MGRM** 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE