


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90112 034 \*\*\*\*70.00

<b>DOCUMENT # N03000004135</b> 1. Entity Name <b>GOOD HEAVEN HEALTH INCORPORATED</b>					
Principal Place of Business <b>1479 NE 180 STREET NORTH MIAMI BEACH, FL 33162</b>			Mailing Address <b>1479 NE 180 STREET NORTH MIAMI BEACH, FL 33162</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ST. FORT, MARIE L MRS. 1479 NE 180 STREET NORTH MIAMI BEACH, FL 33162				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: <i>Marie L. Fort</i> <span style="float: right;">4-7-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. FORT, MARIE L MRS.		NAME	Simpson St. Fort	
STREET ADDRESS	1479 NE 180 ST		STREET ADDRESS	1702 Mystic Ave	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	Oxon Hill H2- 20745	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Rosa Andre Bazile	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURENEY FORT, EDELINE		NAME	Coordinator	
STREET ADDRESS	511 YVES DAIRY RD #F-306		STREET ADDRESS	12280 SW 251 Terrace	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Princeton FL 33032	
TITLE	ATD	<input type="checkbox"/> Delete	TITLE		
NAME	GRANDOIT, ERNST		NAME		
STREET ADDRESS	1479 NE 180 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	PERNIER, MAGARETTE II		NAME		
STREET ADDRESS	2903 WATERVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALMSRING, FL 33461		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	DELVA, FRANTZ		NAME		
STREET ADDRESS	P O BOX 654		STREET ADDRESS		
CITY-ST-ZIP	POMPAHO, FL 33061		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	VIELOT, MARGALIE		NAME		
STREET ADDRESS	P O BOX 695077		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33269		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 617, 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: <i>Marie L. Fort</i> <span style="float: right;">4-07-06 (786) 356-3654</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					