

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004135

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: GOOD HEAVEN HEALTH INCORPORATED

**Current Principal Place of Business:**

1479 NE 180 STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1479 NE 180 STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 55-0829895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ST. FORT, MARIE L MRS.  
1479 NE 180 STREET  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ST. FORT, MARIE L MRS.  
Address: 1479 NE 180 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD ( ) Delete  
Name: DURENEY FORT, EDELINE  
Address: 511 YVES DAIRY RD #F-306  
City-St-Zip: MIAMI, FL 33179

Title: ATD ( ) Delete  
Name: GRANDOIT, ERNST  
Address: 1479 NE 180 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete  
Name: PERNIER, MAGARETTE II  
Address: 2903 WATERVIEW CIRCLE  
City-St-Zip: PALMSPRING, FL 33461

Title: VD ( ) Delete  
Name: DELVA, FRANTZ  
Address: P O BOX 654  
City-St-Zip: POMPANO, FL 33061

Title: SD ( ) Delete  
Name: VIELOT, MARGALIE  
Address: P O BOX 695077  
City-St-Zip: MIAMI, FL 33269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DURENEY, EDELINE  
Address: 511 YVES DAIRY RD #F-306  
City-St-Zip: MIAMI, FL 33179

Title: ATD (X) Change ( ) Addition  
Name: ST. FORT, SIMPSON  
Address: 1520 NORTH K. STREET  
City-St-Zip: LAKEWORTH, FL 33460

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE LOURDES ST. FORT

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date