2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N03000004135

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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, EDELINE	
Address:	511 YVES DAIRY RD #F-306	
City-St-Zip:	MIAMI, FL 33179	
Title:	ATD	( ) Delete
Name:	ST. FORT, SIMPSON	
Address:	1520 NORTH K. STREET	
City-St-Zip:	LAKEWORTH, FL 33460	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SIMPSON ST. FORT ATD 05/12/2008

Electronic Signature of Signing Officer or Director — Date