
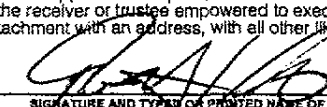


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005185</b> 1. Entity Name CELLULAR HEALTH FOUNDATION, INC.		
Principal Place of Business 831 SW 10TH STREET FT. LAUDERDALE, FL 33315		Mailing Address 831 SW 10TH STREET FT. LAUDERDALE, FL 33315
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JONES, JONATHAN E 831 SW 10TH STREET FT. LAUDERDALE, FL 33315		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JOANND 831 SW 10TH STREET FT. LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JONATHAN E 831 SW 10TH STREET FT. LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, JAIME 831 SW 10 STREET FT. LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  7/6/2007 954-728-8865 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 81-0628328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/10/07-80016-008 61.25

**DO NOT WRITE  
IN THIS SPACE**