2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 25, 2006
Secretary of State

DOCUMENT# N04000011950

Entity Name: HEALTH ALTERNATIVE FOUNDATION, INC.

Current Principal Place of Business:

4227 N.W. 5TH STREET, SUITE 5
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4227 N.W. 5TH STREET, SUITE 5
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-3793895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, FR.GERARDO PH.D.
4227 N.W. 5TH STREET, SUITE 5
MIAMI, FL 33126 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: D ( ) Delete
Name: GARCIA, ANGEL PH.D.CN
Address: 8854 W. FLAGLER STREET, #204
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: SANCHEZ, GERARDO
Address: 4227 NW 5TH STREET, #5
City-St-Zip: MIAMI, FL 33126

Title: ST ( ) Delete
Name: ROSADO, LESTER
Address: 11860 SW 196 ST
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SANCHEZ, GERARDO PH.D.
Address: 4227 NW 5TH STREET, SUITE 5
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change ( ) Addition
Name: LIMA, ORLANDO PH.D.
Address: 6825 SW 128 PL
City-St-Zip: MIAMI, FL 33183

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GERARDO SANCHEZ PH.D. D 07/25/2006

Electronic Signature of Signing Officer or Director — Date