2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003868

FILED Jan 05, 2008 Secretary of State

Entity Name: HYACINTH & YVONNNE HAYMER HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	36TH WAY FL 33029			
urrent Mailing Address:		ess:	New Mailing Address:	
394 SW 18 IRAMAR, I	86TH WAY FL 33029			
El Number: 2	20-8542963	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
94 SW 18	OY 36TH WAY FL 33029	US		
394 SW 18 IRAMAR, I ne above r	36TH WAY FL 33029		purpose of changing its registere	ed office or registered agent, or both,
394 SW 18 IRAMAR, I ne above n the State	36TH WAY FL 33029 named entity of Florida. E:	submits this statement for the		
IRAMAR, I ne above r the State o	36TH WAY FL 33029 named entity of Florida. E:Electro	submits this statement for the	ent	Date
394 SW 18 IRAMAR, I ne above r the State of	36TH WAY FL 33029 named entity of Florida. E:	submits this statement for the	ent	
94 SW 18 RAMAR, I ne above n the State of GNATURI FFICERS le:	BETH WAY FL 33029 named entity of Florida. E: Electro AND DIRECTOR FD (submits this statement for the onic Signature of Registered Agentors:) Delete	ent ADDITIONS/CHANG Title:	Date
94 SW 18 RAMAR, I e above r the State of GNATURI FFICERS e: me:	BETH WAY FL 33029 named entity of Florida. E: Electro AND DIRECTED AGNESS, JON	submits this statement for the onic Signature of Registered Agentors:) Delete	ent ADDITIONS/CHANG Title: Name:	Date BES TO OFFICERS AND DIRECTOR
194 SW 18 1RAMAR, I The above right the State of the St	BETH WAY FL 33029 named entity of Florida. E: Electro AND DIRECTOR FD (submits this statement for the onic Signature of Registered Agentors:) Delete TH WAY	ent ADDITIONS/CHANG Title:	Date BES TO OFFICERS AND DIRECTOR
94 SW 18 RAMAR, I the above r the State of GNATURI FFICERS e: me: dress: y-St-Zip:	BETH WAY FL 33029 named entity of Florida. E: Electro AND DIRECT FD (AGNESS, JON 5394 SW 186 MIRAMAR, FL	submits this statement for the onic Signature of Registered Agentors:) Delete TH WAY	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR
94 SW 18 RAMAR, I e above r the State of GNATURI FFICERS e: me: dress: y-St-Zip: e:	BETH WAY FL 33029 named entity of Florida. E: Electro AND DIRECT FD (AGNESS, JON 5394 SW 186 MIRAMAR, FL	submits this statement for the onic Signature of Registered Agentors:) Delete (TH WAY 33029) Delete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition
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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: JOY AGNESS FD 01/05/2008