2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N06000005339

Entity Name: TALKING HEALTH INC.

Current Principal Place of Business:

4795 NW 41ST PLACE
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4795 NW 41ST PLACE
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 20-5238491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JOAN
4795 NW 41ST PLACE
LAUDERDALE LAKES, FL 33319 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: S ( ) Delete
Name: VASSELL, ELAINE
Address: 4500 NW 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VC ( ) Delete
Name: DOUGLAS, ASTON
Address: 1450 NW 47TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: C ( ) Delete
Name: GRAY, HARVEL
Address: 9511 SEATURTLE MANOR
City-St-Zip: PLANTATION, FL 33324

Title: P ( ) Delete
Name: HARRIS, JOAN
Address: 4795 NW 41ST PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

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:

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: JOAN HARRIS MS 04/02/2009

Electronic Signature of Signing Officer or Director — Date