2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N10567

Entity Name: WORLD HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

2887 LAKE WORTH RD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7258
LAKE WORTH, FL 334667258 US

New Mailing Address:

2887 LAKE WORTH RD
LAKE WORTH, FL 33461

FEI Number: 59-2558652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BESHANA, DIANA
1277 STALLION DR
LOXAHATCHEE, FL 33470 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:	RAMOS, BENEDICT J	
Address:	1277 STALLION DR	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	VD	( ) Delete
Name:	AKYEAMPONG, KWABENA	
Address:	1277 STALLION DR	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	SD	( ) Delete
Name:	CIOFALO, FRANKLIN	
Address:	1277 STALLION DR	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	ST	( ) Delete
Name:	DIANA, BESHARA	
Address:	1277 STALLION DR.	
City-St-Zip:	LOXAHATCHEE, FL 33470	

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: DIANA BESHARA ST 04/30/2008

Electronic Signature of Signing Officer or Director — Date