2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N94000002802

Entity Name: GLOBAL HEALTH INFORMATION AND MEDICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

35203 STATE ROAD 54
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

35203 STATE ROAD 54
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-3249365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBALL, JOSEPHINE
35205 STATE ROAD 54
ZEPHYRHILLS, FL 33541 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: PTSD ( ) Delete
Name: KIMBALL, JOSEPHINE
Address: 32503 SR 54
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D ( ) Delete
Name: DEAN, WARD MD
Address: PO BOX 11097
City-St-Zip: PENSACOLA, FL 32524

Title: D ( ) Delete
Name: KIMBALL, TONI
Address: 35203 SR 54
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: V ( ) Delete
Name: SSI ENTERPRISES, INC, .
Address: C/O 400 SOUTH 4TH ST 3RD FL
City-St-Zip: LAS VEGAS, NV 89109

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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPHINE KIMBALL PRES 04/23/2005

Electronic Signature of Signing Officer or Director — Date