2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042077

Entity Name: GOOD HEALTH NETWORK, INC

FILED May 04, 2004 Secretary of State

Littly Name: GOOD HEALTH NETWORK, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
218 JACKS MAITLAND,	ON STREET , FL 32751				
Current Mailing Address:			New Mailing Address:		
218 JACKSON STREET MAITLAND, FL 32751					
FEI Number: 59-3656757 FEI Number Applied For () FEI Num			nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
KRAGH, JAMES F 218 JACKSON STREET MAITLAND, FL 32751 US					
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	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CD () [KRAGH, JAMES 1024 TUSCANY I WINTER PARK, I	PLACE	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition KRAGH, JAMES F 1024 TUSCANY PLACE WINTER PARK, FL 32789 US	
Title: Name: Address: City-St-Zip:	S ()E GRIMM, BILL 301 E PINE ST ORLANDO, FL 3	Delete 2801	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARTIN, RONALD W SR. 2413 BAYSHORE BLVD., APT. 2002 TAMPA, FL 33629 US	
Title: Name: Address: City-St-Zip:	D ()[STEPHANZ, KEN 7008 KENWOOD FORT PIERCE, F	RD.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STEPHANZ, KENNETH R 7008 KENWOOD RD. FORT PIERCE, FL 34951 US	
Title: Name: Address: City-St-Zip:	T () E FADELEY, BRET 1378 S RIDGE L LONGWOOD, FL	AKE CIRCLE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition FADELEY, BRETT 1378 S RIDGE LAKE CIRCLE LONGWOOD, FL 32750 US	
Title: Name: Address: City-St-Zip:	D () E STONEROCK, RO 1306 WOODLAN ORLANDO, FL 3	DST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STONEROCK, ROBT F JR, DR 1306 WOODLAND ST ORLANDO, FL 32806 US	
Title: Name: Address: City-St-Zip:	D (X) I GRAFF, MICHAE 1739 LAKE BERI WINTER PARK, I	RY DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. KRAGH CEO 05/04/2004