2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042077

Entity Name: GOOD HEALTH NETWORK, INC

FILED Mar 03, 2005 Secretary of State

y						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	SON STREET D, FL 32751					
Current Mailing Address:			New Maili	New Mailing Address:		
	SON STREET D, FL 32751					
FEI Number: 59-3656757 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:	Name and	l Addres	s of New Registered Agent:	
	AMES F SON STREET D, FL 32751	US				
	named entity s e of Florida.	submits this statement for the	purpose of changing	its registe	ered office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CD () KRAGH, JAME: 1024 TUSCANY WINTER PARK	' PLACE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTIN, RONA	RE BLVD., APT. 2002	Title: Name: Address: City-St-Zip:		(X) Change()Addition G. T JR bUISIANA AVE., SUITE 200 PARK, FL 32789 US	
Title: Name: Address: City-St-Zip:	D () STEPHANZ, KE 7008 KENWOO FORT PIERCE,	DD RD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () FADELEY, BRE 1378 S RIDGE LONGWOOD, F	LAKE CIRCLE	Title: Name: Address: City-St-Zip:	250 SOL	(X) Change()Addition , GORDON H JTH ORANGE AVE., SUITE 100 DO, FL 32801 US	
Title: Name: Address:		Delete ROBT F JR, DR ND ST	Title: Name: Address:		() 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.

City-St-Zip:

SIGNATURE: JAMES F. KRAGH CD 03/03/2005

City-St-Zip: ORLANDO, FL 32806 US