
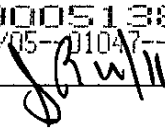
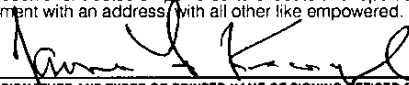


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # P00000042077 1. Entity Name GOOD HEALTH NETWORK, INC. | | | |  | |
| Principal Place of Business 218 JACKSON STREET MAITLAND, FL 32751 | | | Mailing Address 218 JACKSON STREET MAITLAND, FL 32751 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3656757 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KRAGH, JAMES F 218 JACKSON STREET MAITLAND, FL 32751 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD KRAGH, JAMES F 1024 TUSCANY PLACE WINTER PARK, FL 32789 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C,D,P & CEO KRAGH, JAMES F. 1024 TUSCANY PLACE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAND, G. T JR 1155 LOUISIANA AVE., SUITE 200 WINTER PARK, FL 32789 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EXECUTIVE V & COO PAIGE, BRIAN M. 569 Azalea Bloom Dr. Apopka, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEPHANZ, KENNETH R 7008 KENWOOD RD. FORT PIERCE, FL 34951 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V & CIO WOOD, LORY 3239 BRETTON WOODS TERRACE DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, GORDON H 250 SOUTH ORANGE AVE., SUITE 100 ORLANDO, FL 32801 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V & CHIEF SECURITY OFFICER REED-FOURQUET, LORI 1056 DURHAM RD. WALLINGFORD, CT 06492 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STONEROCK, ROBT F JR, DR 1306 WOODLAND ST ORLANDO, FL 32806 <input type="checkbox"/> Delete | | <div style="text-align: center;"> 200051389022 04/20/05-01047-019 **61.25  </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> 3/31/05 407-629-0304 </div> <small>Date Daytime Phone #</small> | | |

James F. Kragh