2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

James E. Kragh, President & Chief Executive Officer

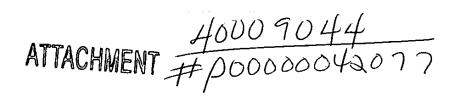
OFFICER OR DIRECTOR

SIGNATURE:

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # P00000042077 1. Entity Name 02-06-2006 90085 031 ***150.00 GOOD HEALTH NETWORK, INC. Principal Place of Business Mailing Address 218 JACKSON STREET π_{BBB} 218 JACKSON STREET MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3656757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRAGH, JAMES F 218 JACKSON STREET Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CDP TITLE Delete TITLE Change ■ Addition CEO/D/P KRAGH, JAMES F NAME NAME KRAGH, JAMES F. STREET ADDRESS 1024 TUSCANY PLACE STREET ADDRESS 1024 TUSCANY PLACE WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 TITLE CEO Delete TITLE Addition ☐ Change KRAGH, JAMES F THOMPSON, ANDREW M. NAME NAME 1293 PRINCE COURT STREET ADDRESS **1024 TUSCANY PLACE** STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BLAND, G. T JR 1155 LOUISIANA AVE., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STEPHANZ, KENNETH R NAME 7008 KENWOOD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34951 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addilion HARRIS, GORDON H NAME NAMÉ STREET ADDRESS 250 SOUTH ORANGE AVE., SUITE 100 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STONEROCK, ROBT F JR. DR NAME NAME STREET ADDRESS 1306 WOODLAND ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

FILED

January 26, 2006



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10. (Continued) TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS	
	Sr. V / CSO SUAREZ, LUIS A. 108 SCALYBARK TRAIL CONCORD, NC 20827	A Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / CIO WOOD, CAROL LORRAINE 3239 BRETTON WOODS TERRACE DELTONA, FL 32725	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/SALES & MARKETING GOLDSTEIN, JONATHAN K. 69-11 YELLOWSTONE BLVD., A51 FOREST HILLS, NY 11375	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE V & COO PAIGE, BRIAN M. 569 AZALEA BLOOM DR. APOPKA, FL 32712	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & CHIEF SECURITY OFFICER REED-FOURQUET, LORI 1056 DURHAM RD. WALLINGFORD, CT 06492	∦ Delete