

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90085 031 \*\*\*150.00

<b>DOCUMENT # P00000042077</b>	
1. Entity Name <b>GOOD HEALTH NETWORK, INC.</b>	

Principal Place of Business <b>218 JACKSON STREET MAITLAND, FL 32751</b>	Mailing Address <b>218 JACKSON STREET MAITLAND, FL 32751</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40003041



01262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3656757</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KRAGH, JAMES F 218 JACKSON STREET MAITLAND, FL 32751</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** James E. Kragh, President & Chief Executive Officer  
January 26, 2006  
1-26-06 407-629-0304  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

ATTACHMENT

40009044  
#P00000042077

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT  
Page 2**

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