



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 024 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3656757	
Zip		Country		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		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KRAGH, JAMES F	NAME	LANDON, JOHN L.		
STREET ADDRESS	1024 TUSCANY PLACE	STREET ADDRESS	1721 ALAMEDA AVE.		
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, ANDREW M	NAME			
STREET ADDRESS	1293 PRINCE CT	STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAND, G. T JR	NAME			
STREET ADDRESS	1155 LOUISIANA AVE., SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHANZ, KENNETH R	NAME			
STREET ADDRESS	7008 KENWOOD RD.	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, GORDON H	NAME			
STREET ADDRESS	250 SOUTH ORANGE AVE., SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONEROCK, ROBT F JR, DR	NAME			
STREET ADDRESS	1306 WOODLAND ST	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
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: 			April 25, 2007		
James F. Kragh, President & Chief Executive Officer			Date Daytime Phone #		

ATTACHMENT
 40092103
 #P00000042077

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10. (Continued)	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V / CIO MOTE, MICHAEL T. 8815 N.W. NEWGATE DR. JOHNSTON, IA 50131	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V / BUS DEV FIELDS, DEBRA L. 1018 TUFTON COVE HEATHROW, FLORIDA 32746	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V / COO MILES, JOHN P. 687 PENN PLACE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / QA&C WOOD, CAROL LORRAINE 3239 BRETTON WOODS TERRACE DELTONA, FL 32725	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HOEFLING, MARK 801 N. ORANGE AVE. ORLANDO, FL 32801	<input checked="" type="checkbox"/> Addition