2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042077

Entity Name: GOOD HEALTH NETWORK, INC.

FILED Apr 21, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

218 JACKSON STREET

MAITLAND, FL 32751

218 JACKSON STREET

MAITLAND, FL 32751

US

Current Mailing Address: New Mailing Address:

218 JACKSON STREET PO BOX 941825

MAITLAND, FL 32751 MAITLAND, FL 32794 US

FEI Number: 59-3656757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAGH, JAMES F 218 JACKSON STREET MAITLAND, FL 32751 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOP

Name: KRAGH, JAMES F
Address: 1024 TUSCANY PLACE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D

 Name:
 THOMPSON, ANDREW M

 Address:
 1293 PRINCE CT

 City-St-Zip:
 LAKE MARY, FL 32746 US

Title: SD

Name: LANDON, JOHN L Address: 1721 ALAMEDA AVE. City-St-Zip: ORLANDO, FL 32804 US

Title: [

 Name:
 STEPHANZ, KENNETH R

 Address:
 7008 KENWOOD RD.

 City-St-Zip:
 FORT PIERCE, FL 34951 US

Title: [

Name: STONEROCK, ROBT F JR, DR
Address: 1306 WOODLAND ST
City-St-Zip: ORLANDO, FL 32806 US

Title: MR

 Name:
 RYSDON, CARL R

 Address:
 140 OVERHILL POINT

 City-St-Zip:
 ALPHARETTA, GA 30005 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES F. KRAGH CEOP 04/21/2011