

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009816

FILED
Sep 01, 2009
Secretary of State

Entity Name: ANANDAHEALTH COMPANY

Current Principal Place of Business:

14616 NW 140TH ST.
ALACHUA, FL 32616

New Principal Place of Business:

Current Mailing Address:

PO BOX 1620
ALACHUA, FL 326165006

New Mailing Address:

PO 1620
ALACHUA, FL 32616

FEI Number: 59-3694921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD MASLA
PO 1620
ALACHUA, FL 32616 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASLA, RICHARD A
Address: 14616 NW 140TH ST.
City-St-Zip: ALACHUA, FL 32616

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MASLA, RICHARD A
Address: PO 1620
City-St-Zip: ALACHUA, FL 32616

Title: T () Change (X) Addition
Name: MASLA, RICHARD A
Address: PO 1620
City-St-Zip: ALACHUA, FL 32616

Title: O () Change (X) Addition
Name: MASLA, RICHARD A
Address: PO 1620
City-St-Zip: ALACHUA, FL 32616

Title: O () Change (X) Addition
Name: MASLA, RICHARD A
Address: PO 1620
City-St-Zip: ALACHUA, FL 32616

Title: O () Change (X) Addition
Name: MASLA, RICHARD A
Address: PO 1620
City-St-Zip: ALACHUA, FL 32616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD A. MASLA

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date