

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035520

Entity Name: 24 HOUR HEALTH CONSULTING, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

7616 SOUTHLAND BLVD #104
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

3918 BROOKMYRA DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3758917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEVATO, MARCO A
7810 KINGS PT PKWY STE 112
ORLANDO, FL 32819 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: DP () Delete
Name: ALEVATO, MARCO A
Address: 3918 BROOKMYRA DR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: ALEVATO, LILIAN T
Address: 3918 BROOKMYRA DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCO ALEVATO

DP

05/02/2005

Electronic Signature of Signing Officer or Director

Date