



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000049719 1. Entity Name HEALTH DIRECTIVES, INC.	
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Principal Place of Business 900 CENTRAL AVE. ST. PETERSBURG, FL 33705	Mailing Address 900 CENTRAL AVE. ST. PETERSBURG, FL 33705
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL -5 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05-31-05 90005.047 \$450.150


06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3722881	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCIVOR, MICHAEL E 900 CENTRAL AVENUE ST. PETERSBURG, FL 33705

**DO NOT WRITE
IN THIS SPACE**

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 Michael E Ivor 6/29/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCIVOR, MICHAEL E 900 CENTRAL AVE. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

6/29/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael E Ivor 6/29/05 (727) 823-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #