

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089593

Entity Name: A SPOONFUL OF HEALTH, INC.

FILED
Sep 02, 2005
Secretary of State

Current Principal Place of Business:

3569 FOXCROFT CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3569 FOXCROFT CIRCLE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 32-0003769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTISON, JAMES J
5349 LAKE JESSAMINE DR.
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

MALONE, J. M ESQ.
523 WEST COLONIAL DRIVE
ORLANDO, FL 32804 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: J. MICHAEL MALONE

09/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRY, EILEEN P
Address: 3569 FOXCROFT CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EILEEN P. BERRY

PRES

09/02/2005

Electronic Signature of Signing Officer or Director

Date