

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090094

FILED
Mar 11, 2008
Secretary of State

Entity Name: PERSONAL HEALTH DESIGN, INC.

Current Principal Place of Business:

7785 TRAVELERS TREE DRIVE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7785 TRAVELERS TREE DRIVE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-1151967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STREISFELD, KEVIN
7785 TRAVELERS TREE DR.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

STREISFELD, ROBERT
7785 TRAVELERS TREE DR.
BOCA RATON, FL 33433 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: DR ROBERT STREISFELD

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: STREISFELD, ROBERT
Address: 7785 TRAVELERS TREE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: STREISFELD, KEVIN
Address: 7785 TRAVELERS TREE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: STREISFELD, MARK
Address: 7785 TRAVELERS TREE DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ROBERT STREISFELD

DR

03/11/2008

Electronic Signature of Signing Officer or Director

Date