

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091044

Entity Name: LIVING IN HEALTH, INC.

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

903 OLEANDER ST.  
LADY LAKE, FL 32159

**New Principal Place of Business:**

2069 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 112004  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 37-1417171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAZZINA, ROSE  
903 OLEANDER ST.  
LADY LAKE, FL 32159 US

**Name and Address of New Registered Agent:**

FAZZINA, CATHERINE  
2069 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119 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: CATHERINE FAZZINA

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: FAZZINA, ROSE  
Address: 903 OLEANDER ST.  
City-St-Zip: LADY LAKE, FL 32159

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FAZZINA, ROSE  
Address: 2250 S ELLSWORTH RD. #52  
City-St-Zip: MESA, AZ 85209

Title: VST ( ) Change (X) Addition  
Name: CATHERINE, FAZZINA  
Address: 2069 ISLA DE PALMA CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE FAZZINA

VST

04/26/2006

Electronic Signature of Signing Officer or Director

Date