

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091044

Entity Name: LIVING IN HEALTH, INC.

FILED  
Apr 20, 2008  
Secretary of State

**Current Principal Place of Business:**

2069 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**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, CATHERINE  
2069 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**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 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

VP

04/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date