

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093824

FILED
Mar 09, 2006
Secretary of State

Entity Name: INTEGRATIVE HEALTH CONSULTING, INC.

Current Principal Place of Business:

865 PALM BAY RD
#103
WEST MELBOURNE, FL 32904

New Principal Place of Business:

436 CROCKET STREET
WEST MELBOURNE, FL 32905

Current Mailing Address:

PO BOX 61539
PALM BAY, FL 32906

New Mailing Address:

436 CROCKET STREET
WEST MELBOURNE, FL 32905

FEI Number: 59-3748282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANTON, HAGEN
1942 THORNWOOD CIR
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

BISHOP, CATHIE
436 CROCKET STREET
WEST MELBOURNE, FL 32905 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: CATHIE BISHOP

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PANTON, HAGEN S
Address: 1942 THORNWOOD CIR
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BISHOP, CATHIE
Address: 436 CROCKET STREET
City-St-Zip: WEST MELBOURNE, FL 32905

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: CATHIE BISHOP

P

03/09/2006

Electronic Signature of Signing Officer or Director

Date