

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107096

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: MEN'S HEALTH SOLUTIONS, INC.

## Current Principal Place of Business:

498 PALM SPRINGS DR SUITE 335  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

## Current Mailing Address:

498 PALM SPRINGS DR SUITE 335  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

FEI Number: 03-0391731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HA, QUOC  
498 PALM SPRINGS DR.  
SUITE 335  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

SIMPSON, JOAN  
498 PALM SPRINGS DR.  
SUITE 335  
ALTAMONTE SPRINGS, FL 32701 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: JOAN SIMPSON

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HA, QUOC HUAN  
Address: P. O. BOX 14790  
City-St-Zip: IRVINE, CA 92623

## 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 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: QUOC HA

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date