2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P01000122335

Entity Name: NATIONAL HEALTHSTYLES FOUNDATION, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 2000
DAVIE, FL 33328

New Principal Place of Business:

2100 E. HALLANDALE BEACH BLVD.
SUITE 404
HALLANDALE BEACH, FL 33009

Current Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 2000
DAVIE, FL 33328

New Mailing Address:

2100 EAST HALLANDALE BEACH BLVD.
SUITE 404
HALLANDALE BEACH, FL 33009

FEI Number: 01-0629714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOCELLA, ANGELO
1133 SOUTH UNIVERSITY DRIVE
SUITE 212
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ACOCELLA, ANGELO
2100 E. HALLANDALE BEACH BLVD.
SUITE 404
HALLANDALE BEACH, FL 33009 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: ANGELO ACOCELLA 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ACOCELLA, ANGELO
Address: 4801 S. UNIVERSITY DR. #2000
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ACOCELLA, ANGELO
Address: 2100 E. HALLANDALE BEACH BLVD. #404
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELO ACOCELLA PRES 04/25/2005
Electronic Signature of Signing Officer or Director Date