2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122335

Entity Name: NATIONAL HEALTHSTYLES FOUNDATION, INC.

FILED Apr 12, 2006 Secretary of State

Current P	Principal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
2100 E. HALLANDALE BEACH BLVD. SUITE 404 HALLANDALE BEACH, FL 33009					
Current Mailing Address:			New Mailing Address	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	d Address o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ACOCELLA, ANGELO 2100 E. HALLANDALE BEACH BLVD. SUITE 404 HALLANDALE BEACH, FL 33009 US					
	e named enti e of Florida.	ty submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Elect	ronic Signature of Registered A	gent	Date	
Election Ca	mpaign Finand	cing Trust Fund Contribution ().			
OFFICER	S AND DIRI	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	ACOCELLA,	() Delete ANGELO	Title: (Name:) Change ()Addition	

Name: ACOCELLA, ANGELO Name:
Address: 2100 E. HALLANDALE BEACH BLVD. #404 Address:
City-St-Zip: HALLANDALE BEACH, FL 33009 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: ANGELO ACOCELLA D 04/12/2006