2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000015014

Entity Name: FAMILY HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

607 HIGHWAY 466
LADY LAKE, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2047
LADY LAKE, FL 321582047 US

New Mailing Address:

PO BOX 560086
MONTVERDE, FL 347560086 US

FEI Number: 04-3598661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD ( ) Delete
Name: BURRESS, JOHN D
Address: 4916 SOUTHFORK RANCH DR
City-St-Zip: ORLANDO, FL 32812

Title: VSTD ( ) Delete
Name: BURRESS, SHARON L
Address: 4916 SOUTHFORK RANCH DR
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURRESS, JOHN D
Address: PO BOX 560086
City-St-Zip: MONTVERDE, FL 34756

Title: VSTD (X) Change ( ) Addition
Name: BURRESS, SHARON L
Address: PO BOX 560086
City-St-Zip: MONTVERDE, FL 34756

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: JOHN BURRESS PD 04/30/2005

Electronic Signature of Signing Officer or Director Date