

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026015

FILED
Apr 26, 2006
Secretary of State

Entity Name: OUR HEALTH CO-OP, INCORPORATED

Current Principal Place of Business:

931 VILLAGE BLVD SUITE 905-480
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

931 VILLAGE BLVD SUITE 905-480
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 90-0026358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, MARY ANN
119 AUGUSTA CT
JUPITER, FL 334588155 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: D () Delete
Name: MARTNEY, CINDY
Address: 4940 EAST MEADOWS DR.
City-St-Zip: PARK CITY, UT 84098

Title: D () Delete
Name: FASON, STEPHEN
Address: 765 WHIPPOORWILL ROW
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARTNEY, CINDY
Address: 1983 KIDD CIRCLE
City-St-Zip: PARK CITY, UT 84098

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: STEPHEN R. FASON

COO

04/26/2006

Electronic Signature of Signing Officer or Director

Date