

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071664

**FILED
Jan 22, 2004
Secretary of State**

Entity Name: NORTH AMERICAN MEN'S HEALTH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

P. O. BOX 14790
IRVINE, CA 92623

FEI Number: 51-0445432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, ALBERT S
255 S ORANGE AVE STE 1700
ORLANDO, FL 32801 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: HA, QUOC H
Address: 850 E OCEAN BLVD STE 906
City-St-Zip: LONG BEACH, CA 90802

Title: D () Delete
Name: SALLIS, RAMSAY
Address: 10 THIRD AVE
City-St-Zip: ST PETERS AUSTRALIA 5069, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: QUOC HA

D

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date