## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000071664

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

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

498 PALM SPRINGS DR. SUITE 335

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

498 PALM SPRINGS DR. SUITE 335

ALTAMONTE SPRINGS, FL 32701

FEI Number: 51-0445432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSTAMANTE, ALBERT S 200 S ORANGE AVE SUNTRUST CENTED STE 2

SUNTRUST CENTER STE 2300 ORLANDO, FL 32801 US

335 ALTAMONTE SPRINGS, FL 32771 US

498 PALM SPRINGS DRIVE

SIMPSON, JOAN

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: JOAN SIMPSON 02/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 HA, QUOC H
 Name:

 3080 BRISTOL STREET #650
 Address:

 COSTA MESA, CA 92626
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: QUOC HA D 02/23/2009