

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071664

**FILED**  
**Jan 25, 2011**  
**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:**

3080 BRISTOL STREET  
SUITE 650  
COSTA MESA, CA 92626

**Current Mailing Address:**

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

**New Mailing Address:**

3080 BRISTOL STREET  
SUITE 650  
COSTA MESA, CA 92626

**FEI Number:** 51-0445432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMPSON, JOAN  
498 PALM SPRINGS DRIVE  
335  
ALTAMONTE SPRINGS, FL 32771 US

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

NGUYEN, TRYNA  
6400 NORTH ANDREWS AVE  
SUITE 450  
FORT LAUDERDALE, FL 33309 US

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: TRYNA NGUYEN

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HA, QUOC H  
Address: 3080 BRISTOL STREET #650  
City-St-Zip: COSTA MESA, CA 92626

I hereby 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 all other like empowered.

SIGNATURE: QUOC HA

PRES

01/25/2011

Electronic Signature of Signing Officer or Director

Date