2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080995

Entity Name: GOOD HEALTH ALLIANCE, INC

FILED Apr 29, 2005 Secretary of State

Littly Na	ille. GOODT	EALTH ALLIANCE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2904 WES STE 200 TAMPA, F	ST BAY TO BA L 33629	Y BLVD			
Current N	lailing Addre	ss:	New Mailing Address:		
2904 WES STE 200 TAMPA, F	ST BAY TO BA L 33629	Y BLVD			
FEI Number	: 22-3861115	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAMPA, F	RTH 56TH ST L 33617 U named entity	8	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATUI	Electro	nic Signature of Registered Ag	gent	Date	
		_			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HERMIDA, RO 3712 ORANGE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT R. HERMIDA PRES 04/29/2005