2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# P02000080995

Entity Name: GOOD HEALTH ALLIANCE, INC.

Current Principal Place of Business:

2904 WEST BAY TO BAY BLVD
STE 200
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2904 WEST BAY TO BAY BLVD
STE 200
TAMPA, FL 33629

New Mailing Address:

FEI Number: 22-3861115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANIGAN, DAVID C
10927 NORTH 56TH STREET
TAMPA, FL 33617 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: PD ( ) Delete
Name: BODDEN, MITCHELL J
Address: 2904 W. BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete
Name: HERMIDA, ROBERT R
Address: 3712 ORANGEPOINTE RD
City-St-Zip: VALRICO, FL 33594BORO US

Title: SD ( ) Delete
Name: BODDEN, BARBARA
Address: 2904 W. BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MITCHELL J BODDEN PD 03/09/2007

Electronic Signature of Signing Officer or Director Date