

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 016 ***150.00

DOCUMENT # P02000081321 1. Entity Name WHOLE HEALTH ALTERNATIVES, INC.					
Principal Place of Business 2295 S. HIAWASSEE RD. SUITE 205 ORLANDO, FL 32835			Mailing Address 712 ROSEMERE CIRCLE ORLANDO, FL 32835		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 700 Rosemere Circle Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 04-3703174	
Zip 32835		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY, MARVIN R 712 ROSEMERE CIRCLE ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700 Rosemere Circle City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TERRY, MARVIN R 712 ROSEMERE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Rosemere Circle	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TERRY, JOAN M 712 ROSEMERE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Rosemere Circle	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date 1/20/08 Daytime Phone # 407-522-8412		