

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118767

Entity Name: CUSTOMIZED HEALTH INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

17829 SCARSDALE WAY
BOCA RATON, FL 33496

New Principal Place of Business:

3912 SOUTH OCEAN BLVD. #404
BOCA RATON, FL 33487

Current Mailing Address:

BELM KRIEGER
PO BOX 7260
BOCA RATON, FL 33431

New Mailing Address:

BELLA KRIEGER
3912 SOUTH OCEAN BLVD. #404
BOCA RATON, FL 33487

FEI Number: 01-0752464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIEGER, BELLA
17829 SCARSDALE WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

KRIEGER, BELLA
3912 SOUTH OCEAN BLVD. #404
BOCA RATON, FL 33487 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: BELLA KREIGER

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRIEGER, BELLA
Address: 17829 SCARSDALE WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: KRIEGER, BELLA
Address: 3912 S. OCEAN BLVD. #404
City-St-Zip: BOCA RATON, FL 33487

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: BELLA KRIEGER

PTS

01/12/2005

Electronic Signature of Signing Officer or Director

Date