

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000000979

1. Entity Name
SPLENDID HEALTH, INC.



Principal Place of Business
**604B E VINE STREET
KISSIMMEE, FL 34744**

Mailing Address
**604B E VINE STREET
KISSIMMEE, FL 34744**



03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2387752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIOS, CLAUDIA
604B E VINE STREET
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIOS, CLAUDIA
STREET ADDRESS	604 B VINE STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521756
05/03/06-80002-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Claudia Rios* **Claudia Rios**

SIGNATURE AND TYPED OR PRINTED NAME OF S OWING OFFICER OR DIRECTOR

Date: April-18-06 813-389-539.
Daytime Phone #