2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# P03000011090

Entity Name: ASSISTENZA HEALTH, INC

Current Principal Place of Business:

18090 COLLINS AVE
T-17 PMB 161
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

6860 ABBOTT AVE
APT 6-A
MIAMI BEACH, FL 33141

Current Mailing Address:

18090 COLLINS AVE
17 PMB 161
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

6860 ABBOTT AVE
APT 6-A
MIAMI BEACH, FL 33141

FEI Number: 04-3737691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORNACELLI, SHIRLEY E
9040 COLLINS AVE. APT. 9
MIAMI, FL 33154 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: BORNACELLI, SHIRLEY
Address: 9040 COLLINS AVE. APT. 9
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARACELI VILLANUEVE MRS. 01/18/2006

Electronic Signature of Signing Officer or Director — Date