

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069451

**FILED**  
**Mar 12, 2005**  
**Secretary of State**

**Entity Name:** PATHWAYS TO HEALTH INC.

**Current Principal Place of Business:**

28960 US HIGHWAY 19 NORTH  
SUITE 112  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

28960 US HIGHWAY 19 NORTH  
SUITE 112  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 02-0694087      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DOBRON, BARBARA A  
801 HIGH POINT CT.  
TARPON SPRINGS, FL 34689      US

**Name and Address of New Registered Agent:**

DOBRON, BARBARA A  
147 BLUFF VIEW DRIVE  
#103  
BELLEAIR BLUFFS, FL 33770 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/12/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DOBRON, BARBARA A  
Address: 801 HIGH POINT CT.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V      ( ) Delete  
Name: HANKINSON, BURL E  
Address: 1215 E CYPRESS ST.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: DOBRON, BARBARA A  
Address: 147 BLUFF VIEW DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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 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: BURL HANKINSON

Electronic Signature of Signing Officer or Director

V

03/12/2005

Date