

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069451

FILED
Mar 19, 2009
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:

PATHWAYS TO HEALTH
28960 US HIGHWAY 19 N, SUITE 112
CLEARWATER, FL 33761 US

Current Mailing Address:

28960 US HIGHWAY 19 NORTH
SUITE 112
CLEARWATER, FL 33761

New Mailing Address:

PATHWAYS TO HEATLH
28960 US HIGHWAY 19 N, SUITE 112
CLEARWATER, FL 33761 US

FEI Number: 02-0694087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBRON, BARBARA A
147 BLUFF VIEW DRIVE
#103
BELLEAIR BLUFFS, FL 33770 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: DOBRON, BARBARA A
Address: 147 BLUFF VIEW DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BURL E. HANKINSON

V

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date