2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000069801

Entity Name: TOKEN OF HEALTH, INC.

Current Principal Place of Business:

2208 NORTH HALIFAX AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

345 WEST GRANADA BLVD
ORMOND BEACH, FL 32174

Current Mailing Address:

2208 NORTH HALIFAX AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 57-1175018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAGRANI, VINOD
2208 NORTH HALIFAX AVE
DAYTONA BEACH, FL 32118

Name and Address of New Registered Agent:

SAGRANI, VINOD S C.E.O.
2208 NORTH HALIFAX AVE
DAYTONA BEACH, FL 32118

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: VINOD S SAGRANI C.E.O. 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SAGRANI, VINOD
Address: 2208 NORTH HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SAGRANI, VINOD S C.E.O.
Address: 2208 NORTH HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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: VINOD S SAGRANI C.E.O. MR. 04/28/2004
Electronic Signature of Signing Officer or Director Date