2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000095872

Entity Name: ALTERNATIVE HEALTH QUEST, INC

Current Principal Place of Business:

19116 LIVINGOOD RD
LUTZ, FL 33549 US

New Principal Place of Business:

508 S. BLOXAM AVE
MINNEOLA, FL 34711 US

Current Mailing Address:

PO BOX 714
LUTZ, FL 33549

New Mailing Address:

P.O. BOX 180
MINNEOLA, FL 34755

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

Name and Address of Current Registered Agent:

DUGGAR, JOAN
19116 LIVINGOOD RD
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

DUGGAR, JOAN
508 S. BLOXAM AVE
MINNEOLA, FL 34711 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUGGAR, JOAN
Address: 19116 LIVINGOOD RD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUGGAR, JOAN
Address: 508 S. BLOXAM AVE
City-St-Zip: MINNEOLA, FL 34711

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: BARBARA JOAN DUGGAR OWNE 04/29/2005
Electronic Signature of Signing Officer or Director — Date